Biological & Medical Serials

New Series. } VOL. 1. }

MAY, 1877.

No. 5.

STORAGE

THE DETROIT MEDICAL JOURNAL

PUBLISHED MONTHLY UNDER THE AUSPICES OF

The Detroit Medical and Library Association,

EDITED FOR THE ASSOCIATION BY

LEARTUS CONNOR, M. D., and JOHN J. MULHERON, M. D.

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Detroit Medical Journal.

NEW SERIES. VOL. I. | MAY, 1877. | No. 5.

Original Communications.

The Relations of Ancient Medicine to Gynæcology.

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A paper read before the Inter-State Medical Convention, held in Toledo, Nov. 28th, 29th, and 30th, 1876.*

In these days, when science, in all its various departments, has many original investigators, and that mighty engine for the diffusion of knowledge—the printing press—serves as the means of bringing within the reach of all who desire the latest views and more recent theories on every subject, we observe that the progress in whatever pertains to the science and art of medicine is in keeping with all other branches of learning. In medicine, the rapid multiplication of books, the demand for new editions of them, occasioned by the avidity with which new theories are, not unfrequently, adopted, and old ones dropped and forgotten, in our haste after new knowledge causes many to ignore the learning of the past.

Many excellent and skillful physicians hold in light esteem the medical scholars and authors of preceding generations, while

* This paper by vote of the Society was subsequently read before the Detroit Medical and Library Association.

they present theories and prescribe remedies, as new and original with themselves, that were, perhaps, known and in vogue hundreds of years before. Old editions of the works of those who have added lustre and renown to medicine in the past are, by many, regarded as mere literary curiosities, to be looked at, and not read, and as possessing no intrinsic value in these times of progressive knowledge.

I do not wish to be understood as entertaining contempt in any degree, for the enthusiastic admirers of the present state of medical knowledge. One who loves the "healing art" cannot but glory in the wonderful achievements and scholarly attainments of the medical men of our own generation. The fair Temple of Medicine was not reared in a day; and, while we add to and embellish and beautify its superstructure, let us not forget the fathers who laid broad and deep the foundation. An esteemed medical friend once remarked that no medical work written previous to Harvey's discovery of the circulation of the blood was of any practical value.

On the other hand, it is stated, upon good authority, that a recently translated papyrus in the Berlin Collection contains a treatise on medicine, transcribed about the nineteenth dynasty, but believed by learned Egyptologists to have been written in the time of the early Mephitic Kings (2600—3500, B. C.)—at least a thousand years before the birth of Moses. Now, a study of those parts of the laws of Moses wherein special allusions are made to the hygienics of women, and precautions advised concerning them, indicates very clearly that the prudent regulations enjoined, and so necessary under the conditions and climate in which the people lived, were founded on observation of the evils arising from neglect. Moses, we are told, was skilled in all the knowledge of the Egyptians; and the rules and observations mentioned were such as would have struck any acute and inquiring stranger, living in a land "where medical precepts had gradually influenced the domestic habits of the *people."

The wonderful precepts of Moses upon matters pertaining

* Wright on Uterine Disorders, London, 1867.

to hygiene, from whatever source derived, cannot but excite the admiration of physicians; and, without doubt, the well known vitality of the Jewish people, observed in all parts of the habitable globe, is due to the religious observance of Moses' teachings.

Aside from all other conditions in connection with the antiquity of medicine, it seems impossible that it should wholly languish, when we consider that it has been sanctified for all time, as evinced by the inspired writings of Moses and the healing of the sick by Christ and His apostles.

It is but little questioned that the early Greek physicians obtained much of their knowledge of medicine from the Egyptians, of whom Homer speaks as "skilled above all men, and directly descended from Apollo."

The cultured physician of our own day is familiar with ante-Harveian medicine, and would unwillingly part with the knowledge obtained from the early authors.

The physician with the most advanced views in any department of medicine or surgery, cannot fail to find something valuable and suggestive in the works of Hippocrates, Celsus, Aretæus, Aetius, Paulus, and, among later but still ancient authors, as Pare, Morgagni, Mauriceau, Sydenham and others.

We find much that seems to us absurd and amusing in the light of modern medicine; remedies were prescribed because they produced certain effects, as we continue to prescribe them now, notwithstanding our advanced knowledge concerning the physiological action of drugs. How many, who have alternately burned and frozen with fever and ague, have blessed the discoverer of the merits of Jesuit bark, and how many have prescribed it or its active principle, with confident assurance of its affording relief, long before we had occasion to think of what Quinia could or would do to the white blood corpuscles?

We have just reason for expecting that the present generation of patient and scientific workers will greatly add to the store of medical knowledge by their work in the fields of experimental physiology and the physiological action of remedies.

We can not but hail with greatest pleasure any new truth

evolved by diligent research; or any new plan of treatment, or any new surgical procedure by which human suffering is assuaged or life prolonged. The history of medicine, from the earliest antiquity, teems with the recorded labors of earnest educated physicians, working for the same ends and purposes as the most brilliant minds and foremost workers in our ranks to-day.

It is impossible for us to tell how much medical knowledge in the past has been gained and then lost amid the various changes of the world's history. It is stated that the great Alexandrian library, in which were many medical treatises, contained 700,000 volumes when it was destroyed A. D. 642; here was substantial loss but in the ages of darkness and superstition which succeeded this period, knowledge was also lost.

After the discovery of printing, in the 15th century, knowledge became more generally diffused.

In perusing many ancient medical works that have been transmitted to us, we find much of no possible value, but we may ask if at present there is not much printed and promulgated that may be classed in the same category, and considerable that, should it survive beyond the present generation, will excite the ridicule and commiseration of future readers. There are in addition some Paracelsian authors and many practitioners in the 19th century whose theories will prove as untenable and absurd as those of the prince of charlatans.

I have already alluded to medicine as a fair temple whose foundations were laid by the fathers; and to continue the figure, we know that in the building of a vast structure, years are sometimes required, and the stones but cumber the ground till the architect puts them in place. A wing is built in one direction, a battlement in another; in one part from bad construction or poor material, decay is manifest before completion; some has to be torn down on account of bad workmanship; the building for a time is neglected, the work of years is lost and the stones again cumber the ground, but the foundation remains imperishable. After a time the architect begins to direct how the disjointed parts are to be put in place and the laborers toil

under proper direction, causes the edifice to grow into beautiful and admirable proportions. So the temple at which we figuratively worship has been principally in the hands of master workmen. Bunglers have sometimes marred its beauty and perhaps for a time have built unwisely; a wall has had to be pulled down here and another repaired there; delays have occured and sometimes it has been partially destroyed, but the foundation has remained firm, and has continued to grow more and more perfect in structure. But the time of its completion we know not. We only know that the work of its construction will continue until the time the human race has arrived at that happy period, when there are no more lives to be saved, and there is no more suffering to be relieved. I have heretofore alluded to the science of medicine as a whole desiring to keep prominent this one thought that medical knowledge of the past can not be entirely ignored, and that the present state of medical science has been attained rather by the process of accretion than by any sudden development.

I desire in the remaining portion of this paper to direct your attention to some of the theories and curiosities of ancient Gynæcology.

Gynæcology during the past fifty years, probably more than any department of medicine, has been enriched by investigations, discoveries and improvements. In fact it is quite generally considered that the present state of knowledge of all pertaining to the diseases of women has been wholly developed in the 19th century. It is true that an impulse was given in the early part of this century to the study of diseases of women, by Recamier and his contemporaries which has brought out brilliant results, the like of which cannot be found anywhere in the history of medicine. It is a source of just pride to us that in Gynæcology, America stands pre-eminent, and has contributed so much to elevate it as a science and an art.

In ancient gynæcology we find many strange and curious theories—absurdities mixed with common sense and improbabilities with rational treatment and many suggestive and valuable

thoughts. I shall endeavor to place before you a few of these, with which many of my hearers are undoubtedly familiar, without extensive commentation. I do not aim to place them in strict chronological order, but only to present fragments in the history of gynæcology. The history of the ancient Egyptians, long prior to the time of Hippcrates, indicates that there existed among them specialists in the various departments of medicine and surgery, and that there was an advanced knowledge of the diseases of women. Kendrick, on "Ancient Egypt," says: "The fame of its physicians was spread throughout the ancient world. Cambyses sent for an oculist from Egypt, and Darius kept Egyptian physicians around him." "Egypt," says Herodotus, "was full of physicians." They were required to practice according to certain precepts handed down from ancient times in the sacred books. Six of these are enumerated by Alexandrinus. One on the structure of the body, another on its diseases; a third on medical and surgical instruments; a fourth on drugs; a fifth on the eyes, and a sixth on female diseases. This division and arrangement comprehended physiology, pathology, pharmaceutics and surgery, and indicates an advanced state of the science. The different branches of practice were minutely divided, and each practitioner confined himself to one.

Sir Gardner Wilkinson, in his interesting work upon the manners and customs of the ancient Egyptians, like Kendrick, quotes from Herodotus concerning the state of medical science, and writes: "Nothing can more clearly prove their advancement in the study of human diseases than the fact that they assigned to each his own peculiar branch, under the different heads of oculists, dentists, those who cured diseases in the head, those who confined themselves to internal complaints, and those who attended to secret or internal maladies." He also alludes to their dissections, and the now lost art of Egyptian embalmment. "In later ages," says Kendrick, "Egyptian medicine was much contaminated by astrology."

We have, however, no literature fairly attainable upon diseases of women earlier than the works of Hippocrates, or

those attributed to him, as it is thought by many commentators that some of the books found in the works of Hippocrates were not written by him. It is evident, however, that they were written in his epoch. Hippocrates lived four and a half centuries before Christ.

The observations contained in his work upon menstruation are certainly ingenious.

"For the cure of sterility, fumigation of the uterus is recommended, and a minute description is given of the mode of performing this process by means of a tube introduced into the os uteri, and connected with a vessel which emits aromatic fumes."

The mechanical treatment of sterility is not wholly a modern invention, as we find this author recommends that, in cases occasioned by shutting up of the os uteri, expansion be effected by means of a wooden or leaden pipe. Directions are also given for applying to the mouth of the womb, after being opened, a cleansing application of cantharides and myrrh.

Abortion is spoken of by this author as attended with more dangers than delivery at full term.

Adams,[1] the learned commentator upon the works of Hippocrates, says of those portions attributed to him on diseases of women, that "there are treatises in the collection more deserving of an attentive perusal. They furnish the most indubitable proofs that the obstetrical art had been cultivated with most extraordinary ability at an early period." Beyond all doubt, the complaints of women and the accidents attending parturition must at that time have come under the jurisdiction of the male practitioners. The most important chapter relating to diseases of women, of the works of Celsus who lived in the first century after Christ is in a great part lost. Celsus was a Roman and did not like the Greeks, nor had he studied at Alexandria, which was for centuries the centre of medical learning, as Athens was of philosophy and Corinth of the arts.

Wright[2] in his chapter upon the "Historical disorders of

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(1) Adams' Com. on Works of Hippocrates, Syd. Soc.—London, 1849.

(2) *Op. Cit.* page 7.

Uterine Pathology," says in reference to Celsus, that even in his time diseases of the genital organs were so far a speciality of the Greek school that he could make it a subject of covert sarcasm. In treating of them he says "their nomenclature among the Greeks is not only tolerated, but now fully sanctioned by practice for they are freely employed in almost every volume, work, or treatise of the physician; but with us Romans these terms are filthy and never employed by any one who has a proper regard for modesty in language, therefore it is evident that there is no small difficulty in maintaining at the same time a delicacy of expression whilst delivering the precepts of the art." "Whether it was jealousy" says Wright "or a continuance of the same bitter feeling towards the Grecian schools of medicine, previously exemplified by Cato and Pliny, it is evident that some other than the alleged motive prompted Celsus to write this sentence; for being a shrewd practitioner he must have known that the morality of the Romans as described in the sixth satire of Juvenal, scarcely required such tender solicitude." Galen and Aretæus probably lived at the same time, for the reason that neither one makes mention of the other. We have reason to believe that they flourished from the middle to the latter part of the secondd century of the Christian era. In Galen occurs the earliest allusion to the vaginal speculum, Are tæus' description of ulcerations of the uterus would indicate that he was equally familiar with the speculum vaginæ. "Both of these authors studied at Alexandria and practised at Rome."

In the latter author we find a chapter on "Hysterical Suffocation" which begins as follows: "In the middle of the flanks of women lies the womb, a female viscus closely resembling an animal; for it is moved of itself hither and thither in the flanks, also upwards in a direct line to below the cartilage of the thorax, and also obliquely to the right and the left to the liver and the spleen; and it is likewise subject to prolapsus downwards, and, in a word, is altogether erratic. It delights, also, in fragrant smells, and advances toward them, and it has an aversion to fetid smells, and flees from them; and on the whole, the womb is like an animal within an animal." In an-

other chapter upon "Affections of the Womb," is the following: "The uterus in woman is beneficial for purgation and parturition, but it is the common source of innumerable and bad diseases, for not only is it subject to ulcers, inflammation, and the fluor, but if the whole organ be suddenly carried upwards it quickly causes death." Notwithstanding the astounding opinions of Aretaeus concerning the uterus, his description of its diseases is indeed excellent, although some of the chapters on treatment are lost.

Aetius, who studied and lived in Alexandria, spent his lifetime condensing and compiling all that was known of medical literature up to the period in which he lived. In the famous library of his city he was unquestionably a faithful and diligent student. It was here that his great work, which is still extant, was prepared about 150 years prior to the destruction of the library by the Saracens. Wright says, "it is without doubt the most valuable existing work on ancient medicine, though but little known." In his 16th book Aetius treats principally of the disorders of women, devoting to the subject one hundred and twelve chapters, varying from a few lines to several pages. Thirty-seven of these chapters treat of pregnancy, parturition, and suckling; there are six chapters on various kinds of ulcerations of the womb; three on abscess, two on displacements, two on obstructed and imperforate anus, seven on growths occurring in the vagina or uterus, and eighteen chapters on menstruation and its disorders. He has special chapters for hysteria, fibrous tumors, pelvic abscess, hæmatoma, displacements, &c., and devotes one very long chapter to inflammation of different parts of the uterus and its treatment.

"So far as concerns the speculum (or dioptra) as a means of diagnosis or treatment it is specially worthy of notice that he mentions it repeatedly. Of the speculum vaginæ we can trace quite a connected history from Aetius down to the present day, although at different times a knowledge of its uses seems to have been lost or forgotten, until its value was again urged upon the profession in the early part of the present century. That specula and other surgical instruments supposed to be of recent in-

vention were in use long anterior to the days of Aetius, we have incontestable proof. In the exhumations of Pompeii, during the second decade of the present century, tri-valve and bi-valve specula, and other gynæcological instruments of excellent workmanship were found, and are still preserved. "In the house of an obstetrix which was excavated was found an instrument of art closely resembling the modern obstetric forceps."* These instruments were probably in common use when the city was buried in the year 79 of the Christian era, or four hundred years before the time of Aetius. Of the speculum and its varieties I shall speak again in connection with various ancient authors. Suppositories, or medicated pessaries, claimed to be of modern invention, were used by Aetius, and in his work are the formulæ for over a hundred varieties. He also mentions sponge tents and describes the mode of introducing them; injections, hip baths, plain and medicated; the value of rectal examinations in retroversion of the uterus, and how it may be restored to its normal position per rectum; to granulations about the os uteri he recommends the application of verdigris. A century after Aetius, flourished Paulus, of Aegineta, whose works have been translated into English by Adams, and published by the Old Sydenham Society. With them many of you are undoubtedly familiar. Paulus does not always conscientiously give credit to authors who preceded him, for there are many things in almost the exact language of Aetius and others; for instance the following in writing of abscess of the womb: "In operating, the woman should be placed in supine posture, her legs drawn up to the belly and her thighs separated from one another, the operator sitting on her right side is to make an examination with a speculum (dioptra) proportioned to her age. The person using the speculum would measure with a probe the depth of the woman's vagina, lest the stalk (fistula) of the speculum being too long it should happen that the uterus should be pressed upon."

The further description would indicate that the disease under consideration is pelvic abscess, for he says "if the abscess

*Adams on Paulus, page 682.

be within the mouth of the uterus, we must decline operating." It is somewhat difficult to comprehend the mechanism of Paulus' speculum, but it is thought that the speculum of Albucaris, of the 11th century, was constructed in accordance with the description of Paulus. The figured instruments in Sculletus, however, are described in the language of Paulus at a still later period.

Of pessaries, Paulus says, that "they are of three kinds, and are applied to the womb; some are emollient, some astringent, and some are anastamative (i. e., they open the mouths of vessels). We use the emollient in inflammation of the womb, and ulcerations and coldness of it, in ascension, eversion and inflation thereof. They are prepared from Tuscan wax, the oil of privet and of lilies, the fat of geese and of fowls, unsalted butter, burnt rosin, stag's marrow, and the like. The anastamative, or those used to open the mouths of vessels, are used when we wish to recall the menstrual purgation that has been stopped, or to correct the state of the womb when it is shut up or contracted. These are prepared from honey, mugwort dittany, the juice of cabbage liquorice, the juice of horehound, new scammony, and the like. The astringents are used in cases the reverse of those for which the anastamative are used, for they restrain the female discharge, contract the womb when it is open, and impel it upwards when it is prolapsed. The pessaries of the ancients were rather for the purpose of medicating than to serve as a support, as at the present time. They were sometimes ointments or liniment applied to the parts upon wool, and most commonly were for the purpose of correcting the menstrual discharge. They were frequently resorted to for the wicked purpose of procuring an abortion. Hippocrates required his pupils to give an oath that they would not give pessaries to women for that purpose.

Among ancient authors sterility was written upon at length.* Hippocrates assigns the following reasons for a woman not conceiving: First, because the os uteri is turned obliquely from the passage to it; second, because the inside of the uterus is too

*Adams' commentaries, Vol. 1, London, 1844, in Paulus, pages 643 and 644.

smooth, and will not retain the semen; third, owing to suppression of the menses obstruction takes place about the os uteri; fourth, when menstruation does not take place the veins of the uterus become so gorged with blood that they do not retain the semen, or, on the contrary, the same effect may result from profuse menstruation, whereby the retentive faculty of the vessels is weakened, or a return of the menstrual fluid in too great quantity may wash away the semen; fifth, prolapsus uteri, by rendering the mouth of the womb hard and callous, prevents impregnation. The treatment is given at great length. Aetius, Paulus, and Serapion, an Arabian of the 11th century, regulated their treatment entirely upon the principle of correcting the intemperaments which Serapion considers the most common causes of sterility. "A humid intemperament," he says, "occasions sterility in the same manner that wet ground proves injurious to seed which is sown upon it, and a hot intemperament dries up the semen as the earth scorches the seed during the heat of the dog days."

"Avicenna, Rhases, Avenzoar, likewise direct their attention to the correction of the intemperaments, but also recommend attention to any other local complaint about the genital organs." Paulus refers to fissures occurring about the mouth of the uterus as the result of difficult labor, and how they are recognized, and the mode of treatment; also to hæmorrhoids and condylomata about the neck of the womb which can be seen by means of the speculum, seized with forceps and cut out; or sometimes they may be cured by the application of dried pomegranate rind with galls or something similar. These growths alluded to are without doubt polypi of the uterus.

There is in Paulus an interesting chapter on difficult labor in which correction of mal-position is described, and embryotomy advised if the child is dead or from any other cause it does not advance; the free use of oils and cerates is also recommended. Aetius treats of the subject more fully. Hippocrates reccommends that where there is inertia, the woman be shaken and also given irritating snuffs, and the nostrils held so that the effort at sneezing may expel the child. When the

placentæ are retained, Hippocrates orders that they be extracted slowly and for this purpose directs that the women be placed upon a stool and the child be allowed to hang down without the umbilical cord having been cut so that the weight of the child may produce separation; and lest its weight should occasion too strong pulling, he advises it to be placed on wool or bladders filled with water which being perforated with small aperatures, the child shall sink down gradually and draw away the placenta.

Celsus gives better advice. He directs us to stretch the cord gently with the left hand and introduce the right, separate the placenta from the uterus and remove all retained coagula. Adams the translator and commentator of Paulus writes as follows: "Serapion treats this subject in nearly the same terms as our author. Like the Greeks he approves of the use of emollient oils and baths, to produce relaxation. The same practice is advised by Rhases. When the membranes are tough he advises us to tear them with the fingers, or open them with a knife. Avicenna treats of difficult parturition with his usual accuracy which exhausts every subject he handles. He states that the expulsion of the child is performed by the abdominal muscles. This was the opinion of Galen. He approves greatly of the bath, both before labor has come on and during its progress. When delivery is difficult owing to the size of the child he directs us to apply a fillet around the child's head and endeavor to extract it. When this does not succeed the forceps are to be applied, and the child is extracted by them. If this can not be accomplished the child is extracted by incision, as in the case of a dead fœtus.

This passage puts it beyond a doubt that the Arabians were acquainted with the method of delivering the child alive with the forceps. It would seem that the early Greeks and Romans, at least so far as their writings are concerned, were unacquainted with their use, although the instruments were found as before stated in the ruins of Pompeii. The obstetric forceps may have been, in those early days, kept secret as they were so recently for many years by the Chambelain family. Of the vaginal specu-

lum for diagnosis and treatment of women's diseases, we have a much more perfect history. It was known before Aetius, and described by him showing the testimony of acknowledged authorities in its favor. Still their teachings were disregarded for upwards of a thousand years, while we have every reason to believe there were women suffering from diseases peculiar to their sex, and as greatly requiring help in those days as much as now. This loss of acquired knowledge in the diseases of women of which the speculum formed a part, calls forth from Wright to whom I have before alluded the following interesting resumé. After speaking of the disregard of the teachings of Aetius and those whom he quotes for more than a thousand years, he says: "It forms a somewhat curious and significant episode in professional history. After the dispersion of the Alexandrian school, the professors, though scattered, were still received with honor by their Moslem captors. What they could teach was eagerly gathered except when their instruction clashed with any tenet of the Mohammedan creed. The Arabian schools which then arose comprised, equally industrious, and equally acurate observers. But the study of the diseases of women was not cultivated among them, for there was an insuparable bar to the attainment of practical experience on the subject. It was against the Mohommedan creed, that women, even in their suffering, should undergo personal examination, except by one of their own sex. Their degraded social position prevented their attaining any such position as that to which the women of Greece had vindicated their claims. Even an Hypatia or Agnodice, could not have withstood the blighting influences of Moslem sensuality." In the Arabian writings there is only a very general mention made of the diseases of women, while the local treatment was left in the hands of the midwives.

It is true that Albucasis, one of the latest writers of the school refers at greater length to those diseases, but he appears by his writings to have been a Jew. It is he who first mentions herpes of the uterus and the use of an air pessary for the vagina. Then, as to this day in the East, the midwives undertook the

work. One of them, Trotula, in the 13th century, published a treatise on uterine disorders in which she expressly mentions that many Saracenic women practiced at Salerno. It would seem that the Arabian writers directed how the work was to be done by the midwives, rather than by male physicians.

Jacobus Rueffus in 1587 published his work "De Conceptu et Generationae Hominis," etc; in which is a drawing of a speculum which he calls the speculum matricis, and which he describes as useful in difficult parturition to dilate the uterus and aid in the delivery of the child; also an apertorium for a similar purpose and the first engraving of which I have any knowledge of a *smooth* bladed obstetric forceps. Here it may be well to notice that although the Arabians as mentioned by Avicenna, were, as I before stated, familiar with obstetric forceps for the delivery of children alive, yet Albucasis who writes at great length upon diseases of women, and has drawings of the instruments used and recommended by him, shows no indication that he was familiar with the forceps alluded to by his predecessors, for all of his have teeth and are manifestly either for destroying the child or delivering it without regard to life. Ambrose Pare', in the 16th century, who did so much for surgery, and obstetrics made use of the speculum as did Guillemeau his pupil and successor at the French court. We find the speculum figured in Scultetus (or John Schultz,) 1666, patterned after the description of Paulus Ægineta, as the language of Scultetus accompanying the engravings is the exact language of Paulus. In Scultetus are represented many other uterine instruments, among which is a very good delineation of the modern hysterotome called by the author *scalpellus deceptorious.*

About the time of the publication of some of the works latterly mentioned, the world began to emerge from the darkness under which it had so long been clouded by reason of ignorance, superstition, sensuality and general misrule. There was a revival of learning to which the invention of printing in the 15th century had given an immense impetus. In connection with the revival of general learning, medicine bore its share. Surgeons began to rank higher than barbers, while the practice

of obstetrics and diseases of women was intrusted more to skilled and educated men than to ignorant and gossipy midwives. European literature began to be more abundant, new works upon medicine were written while many writings by ancient physicians were printed with commentaries. Among the many medical works printed were numerous treatises on diseases of women. Wolphius in 1586 edited a work composed of all important former treatises upon diseases of women, in three volumes.

There seemed to be an increasing demand for this kind of medical literature, and in 1597 Spachius brought out a similar work to that of Wolphius, with additional matter in a folio (which I here show you).

We find in much of this literature the speculum and local treatment made mention of, and indications that the diseases of women were better understood than at a later period; for there seems, after this time, to have been a long time when the labors of former years by distinguished men were either lost or neglected in this department of medicine, until Recamier and his contemporaries gave a fresh impulse to the study of gynæcology. We find, however, in the writings of the early European physicians, a certain amount of confusion from want of pathological knowledge; for how could it be otherwise, when physiology was so little understood?

Astrology and alchemy were mixed up with medicine; the first principles of physiology were ignored when men were searching after the "philosopher's stone" and the "elixir of life." In surgical gynæcology, we find but little in ancient medicine foreshadowing the brilliant exploits of the nineteenth century. Clitorodectomy was practiced by Paulus and Albucasis, while Avicenna recommends us to remove the enlarged nympha or clitoris, either with medicine or knife.

Rhases, treating of diseases of the uterus, says: "If there be a red piece of flesh in the mouth of the womb, if situated in the anterior part, and if it be round or long, and not attended with pain, some surgeons cut it off, but I prefer tying it." This description seems to apply to polypus of the womb.

Pare treated many of these diseases of the womb by fumigation. There is figured in his works a lamp and tube for this purpose.

The actual cautery was one of the most important of the surgical instruments. Not until Pare used the ligature upon severed arteries was there any better mode than the cautery of arresting hemorrhage. The breast used to be amputated by transfixing it with two ligatures at right angles, and then cutting off the entire mass beneath them, and afterwards searing with a hot iron. Pare was the first to mention an operation for lacerated perineum, but gives no description of his mode of doing it.

Guillemeau is supposed to be the first to record the various steps of this operation, and reports a successful case, which I will not translate at length, but simply give a synopsis, as related by him: The recto–vaginal septum was torn through. He waited until six weeks after delivery, when, with a sharp curved bistoury, he cut one side through the cicatrix and skin and then the other side. He then transfixed the two parts through the recto–vaginal septum with a long needle, and wound the ends with silk in a figure of eight, as in his operations for hare-lip, and then put in superficial sutures. He states that the case was cured in five days. This was really an ingenious operation, and attended with excellent success.

In the works of Maurriceau are the indications of great experience, without much system or order; but in the truly celebrated work of Morgagni on "The Seats and Causes of Disease Investigated by Anatomy," is very much of interest to the student of gynæcology. I cannot forbear mentioning one author of comparatively recent date, who flourished a few years before Recamier, whose works seem to have passed into obloquy, but most undeservedly so. I refer to Vigarous, of Montpelier, France, whose "Maladies des Femmes," in two vols., Paris, 1801, is an analytical and classical work far in advance of his time. This author mentions electricity as one of the modes of treating sterility, a remedy of questionable virtue, yet claimed by some to be a discovery of our own day. The peculiarities of his treat-

ment, and some of the ludicrous things he relates, I will not trouble you with.

Vigarous was familiar with the speculum; for he says, writing of certain uterine disorders: "When we open the vulva of a woman with the *speculum* (italicized), we easily perceive with the eye around the orifice of the matrix, etc."*

If it were not for wearying your patience, I should much like to quote some of the interesting and instructive things mentioned by the last named authors, as well as many others to whom I have not alluded.

In looking over the literature of the past upon diseases of women, we perceive the fault of the earliest writers, who were familiar with the treatment of uterine diseases, to be that they neglected constitutional treatment. Later, local treatment was wholly neglected, and even forgotten. In the 19th century, even, we have had distinguished names arrayed as partisans of one mode, to the exclusion of the other; but, happily, knowledge has increased, and the successful gynæcologist of to day is required to be an accomplished physician, as well as a skillful surgeon. To be all this implies a broad and comprehensive knowledge of the pathogenesis and phenomena of disease, and a dexterity of hand which enables him to aid in repairing its ravages.

I have, in this fragmentary and imperfectly prepared paper, aimed to call your attention to the amount of knowledge in the past concerning diseases of women, rather than to the lack of it. The many crudities and absurdities intermingled with learning and wisdom I have purposely excluded. History repeats itself in medicine, as elsewhere; for not unfrequently we may perceive that many new discoveries and inventions have previously been in part, if not wholly, known and then lost many years before. And what is true of gynæcology in ancient times is no less true of medicine as a whole. It is almost impossible, in our investigations of the state of medical science at different times in the past, to be so interested in one depart-

*Dionis, in his "Traite des Accouchments," Paris, 1718, speaks of the speculum matricis, or mirror of the uterus, in similar language, thus showing that this instrument was better known among the French than English physicians of that period.

ment of medicine as not to feel an equal interest in all other departments, and those whose labors have rendered their names famous.

Dr. Adams, in his preface to Paulus Ægineta, writes: "It seems to me that, at certain periods of ancient times, the standard of professional excellence was such as would not easily be attained at the present day, with all our vaunted improvements in knowledge, and that many of those early masters of our art were distinguished for varied stores of erudition, an ardent love of truth and an aptitude to detect the fallacies of error such as few of us, even now, can lay claim to." Hippocrates held that, to become an eminent physician, it was necessary not only to be well acquainted with the structure of the human frame, but, also, skilled in logic, astronomy and other sciences. Galen was, without doubt, the very "beau ideal" of an accomplished physician, skilled in *all* the sciences of the day. Celsus was not only well acquainted with medical literature, but was "minutely skilled in every elegant and useful science which was known and cultivated at that remarkable period."

Rhases, the Arabian, requires of him who aspires to eminence in the medical profession, that "instead of wasting his earlier years in frequenting musical and dancing parties, he would have spent them in conning over the valuable records of ancient wisdom." "But the sciolist" says he, "who gives himself out, as a proficient in the art while he has scarcely a smattering of learning, will never be deserving of much confidence, or even attain any great eminence in his profession. For it can never be that any individual, to whatever age he may reach, should be able to comprehend in his mind a subject so vast and diffuse-except by treading upon the footsteps of the ancients. Since the science far exceeds the narrow limits of the life of man, as is the case with most of the liberal arts as well as with medicine, let us suppose that in the course of a thousand years, a thou sand authors had made improvements in the profession, and then a person who has diligently studied these works may improve his mind as much in knowledge as if he had devoted a thousand years to the study of medicine. But when an ac-

quaintance with former authors is despised, what need be expected from the efforts of a single person? For however much he may surpass others in abilities, how is it to be supposed that his private stock of knowledge should be at all worthy to compare with the accumulated treasures of antiquity?"

This recorded opinion of one of our distinguished predecessors, although written in the 11th century, is in language not wholly inapplicable to the 19th. But I must desist as I am aware there is a limit to the patience of even a learned body of physicians like this, if there is none to the exercise of my pen. My paper has already occupied more of your time than I at first designed, and in conclusion I will only add: the more I have searched into the history of medicine, and read the records of past centuries, the more has my veneration and admiration increased for those who have heretofore labored to give renown, and lasting glory to the vocation which we represent. If in the minds of some present, who have given but little thought to the work accomplished by the fathers of medicine, I succeed in exciting similar feelings to my own, then my labor of love will not have been in vain.*

Cases in Practice.

BY DR. O. W. TOCK, GAINES, MICH.

I am persuaded that it will not be out of place to mention a few cases, in my practice, where bleeding seemed indicated, in order to invite criticism or encourage the use of a remedy, than which we have none more powerful for good, under cer-

*NOTE.—After the reading of the paper was concluded, the author exhibited some of the ancient works from his own collection, which had been alluded to, and some drawings of Gynæcological instruments, (the specula in bronze) found in Herculaneum and Pompeii. Among these books were the following: *Spachius*, Gynæciorum Argentinæ, 1597, (this work comprises the writings upon diseases of women of Hippocrates, Felix Plater, Moschion, Cleopatra, Trotula, Jac. Sylvius, Rueffus, Mercurialis, Albucasis, Pare, Akakia, Mercatus, and others). *Ætius*, Basle 1567. *Rueffus*, De Conceptu et Generatione, Frankort on the Main, 1597. *Scultetus*, Armamentarium Chiurgicum, Frankfort, 1666. *Astruc*, Traite Mal. des fem., Paris, 1785. *Garengeot*, Tràite de Instruments de Chiurgie le plus utile, Paris, 1723. *Dionis*, Traite des Accouch, Paris, 1718, and several volumes pertaining to diseases of women in the early part of the last century.

tain conditions, in our system of therapeutics. Though not an especial advocate of the lancet, I have always considered a discriminate use of it legitimate, and look upon the practitioner who ignores it, in the light in which it is held by the well-balanced and sturdy pioneers of our profession, to go to the bed-side of his patient, not armed and equipped as an intelligent and conscientious physician should be, having left behind one of the remedies *par excellence.*

I shall mention only a few isolated cases, where the remedy, as applied, seemed to attest its superiority over all others of its class.

The first case was that of a primipara Miss F. J.; was called April 15, 1875 to attend her during confinement. There were no untoward symptoms during her labor, save a peculiar disquietude of mind, because of her unhappy condition, and the attending odium; she being bereft of parents and that sympathy of friends so necessary at such times. The birth of the child and immediate delivery of placenta was not followed by any appreciable quantity of blood, scarcely soiling the clothes under her; what bearing this had upon the subsequent convulsions, unless it caused greater determination of blood to the brain, I shall not attempt to answer. While endeavoring to dispel her gloom, by words of cheer, to which she seemed listening attentively, she sank under the power of a terrible convulsion. I immediately gave Bromide Potash grs. xxxv and Chloral Hydrate grs. xxx; another convulsion soon followed, and gave way only to be followed by others of equal severity; and feeling that the sedatives employed were in full force, and doing no good, administered Bromide Potash, grs. xl. and Sulph. Morphia, grs. j. The convulsions increased, and with more terrible severity, if possible, and after waiting another hour and a half, resolved to bleed. She being of a strong robust habit, I did not hesitate to bleed freely, and drew from her arm fifty ounces of blood. This was directly followed by two equally severe convulsions, and which were the last of any special significance, although symptoms would manifest themselves for hours, but were easily controlled by a few inhalations of chloroform. She convalesced

slowly, it being some months before she regained her usual health.

The urine in this case was highly albuminous; heating it in a test tube, it would scarcely run upon inverting the tube.

Case 2d. Primipara, in eighth month of gestation. Was called March 1st, 1877 to see Mrs. S. A., the messenger stating that she was choking to death. Upon arrival, found a case of puerperal eclampsia. Gave directly Sulph. Morphia, grs. ¼ hypodermically; waited until I was confident its physiological effect had obtained, and getting no benefit from it, resorted to chloroform for more than an hour; being also disappointed with this, drew from her left arm sixteen ounces of blood. A convulsion more severe than any preceding immediately followed, but it was the last. She convalesced rapidly and bids fair to go her full time. The os uteri was not dilated, but seemed very rigid. Urine slightly albuminous.

Case 3d. Was called March 6th, 1877, to attend Mrs. G. D., second child, in her labor. Found upon arrival, that the attention of attendants was directed toward relieving her of an indescribable headache. So great was the ache and pain that she would beg for them to press upon her head with all their strength. Upon inquiry, found she had been subject to severe headache for more than a month. I tapped a vein, and took twenty ounces of blood. Her headache left, as if by magic, her mind became tranquil, and a rigid os gave way to its sedative effect, and the labor happily terminated. I felt fully paid in the profusion of her thanks for the remedy which gave her more relief than anything she ever took in her life, as she exprcssed it. I did not examine the urine in this case; ought to have done so. I am not positive that convulsions would have supervened, but was so positive of the *uncertainty*, that I felt obliged to bleed, and am fully justified.

Case 4th. Was called February 5th, 1876, to see Mrs. E. P., in her third gestation. Wanted to know if something could not be done for a very bad headache, from which she suffered at each time when her menses should occur, being in the sixth month of pregnancy. She was of full habit, strong and doing the work

for a large family. Described her headache as increasing in severity, and now of such nature as to almost produce spasms. I advised bleeding, and took eighteen ounces of blood. Her trouble ceased from that time, and she continued in perfect health to full gestation. What other therapeutic means would have accomplished so much, in so short a time, and so easily?

Case 5th. Was summoned September 3d, 1875, to see M. G., an Irishman, aged 60. Found him sitting upright in bed, a position he had been obliged to take, on account of dyspnœa and pain, almost from the date of his sickness, forty-eight hours previous. Upon examination, found the left lung almost entirely involved in an active inflammation. Pulse 120. Temperature 104, and the characteristic pneumonic sputa. The question was, how shall I relieve this man of his extreme discomfort quickest. The objects to be attained were, to lessen the quantity of blood, lower its stimulant effect and relieve nervous irritation, the last being paramount, for there was evident great nervous exaltation. I concluded to bleed, and opened a vein, allowing it to run, watching the effect rather than the quantity, until he began to breathe decidedly easier, and expressed a wish to lie down, as he was feeling faint. I had taken twenty ounces of blood, not a large quantity for a a man of his well balanced constitution. The effect was all that could be desired and more than I expected, for he was wholly relieved of pain and distress and could lie down with ease. On the fifth day from my first visit he was pronounced convalescent. I am aware that with opium, quinia and veratrum viride or aconite, I could have accomplished nearly the same, if not quite, but I could not have done it so decidedly and quickly, and should always *bleed* under the same conditions. I would rather face a little unwarranted opposition, and come off victorious, than pander to the views generally entertained and taught of that *theoretical* profession that has attained to such mushroom growth—Homœopathy.

Case 6th. Miss P. F., aged 20. Decidedly nervous temperament. This lady was visiting at the house of a friend, and in great alarm, I was summoned to see her. Found her suffer-

ing from active cerebral congestion, neuralgic in type. The pain was so intense as to alarm her friends very much, while she despaired of her life. She had taken a long walk in deep snow, while thinly dressed and was benumbed with cold. her limbs, in particular being very cold. I thought to bleed her, but having left my lancet, and feeling that something was expected of me decidedly soon, gave her a hypodermic injection of morphia, gr. 1-5, not altogether an experiment with me, though antagonistic to established physiological principles, opium being classed with the cerebral stimulants. The headache and pain began to subside in the course of fifteen minutes, and in little more than half an hour left her resting comfortably, though not sleeping. Since then the same lady has had an attack very similar, and brought about by the same agencies, and relieved by the same means, although the usual remedies for active congestion were given largely, without effect. This patient was very averse to bleeding, being in somewhat delicate health. Could I have accomplished as much by bleeding? It may be claimed that this was a case purely neuralgic in character, without active cerebral congestion accompanying it. But the symptoms warranted the conclusion I have advanced. The indications calling for opinion in this case, I regarded rather than the general objections prevailing against its use in brain congestion. The theories upon which we base our conclusions, as a rule, as to the prescribed use of remedies to meet only *certain* conditions, is not altogether the true position. Medicines that have hitherto been regarded as stimulants are now known to possess remarkable sedative powers, and the converse, etc. These observations would seem to teach us that rational empiricism can still clasp hands with exact science in the practice of medicine and not fall by the way-side oftener.

Preventive Treatment of Congenital Syphilis.

READ BEFORE THE GRAND RAPIDS MEDICAL AND SURGICAL SOCIETY.

BY G. K. JOHNSON, M. D., OF GRAND RAPIDS.

Two cases have been under my supervision which I report because they have a bearing on the subject indicated by the heading of this paper.

Case 1. A gentleman and his wife consulted me on account of constitutional syphilis. In the husband the symptoms were well marked, and consisted of the characteristic cutaneous affection and ulceration of the fauces. He had had chancre three or four months previously, which had healed at the end of three or four weeks. The wife had similar but less severe symptoms; but she was unmistakably syphilitic.

Having recently become pregnant, she was greatly disturbed lest her offspring should be involved in her misfortune. She was aware of the nature of her ailment, and of the consequent danger to the child; and she begged me to do whatever could be done to ward off that danger.

She was put, accordingly, on a mild mercurial course. Two grains of blue mass were directed to be taken three times a day; but the patient was instructed that should looseness of the bowels or signs of ptyalism supervene, the remedy should be suspended for a few days. This treatment was continued, with but slight interruption, for about five weeks. At the end of this time the symptoms had nearly vanished. Then, in the hope of giving immunity to the fœtus, the patient was directed to take eight grains of iodide of potassium, with one-thirtieth of a grain of bichloride of mercury three times a day. These salts were given with aromatics and bitter tonics, with a view to counteract their tendency to impair digestion.

This medication was continued with occasional intervals of a few days, until about the end of the eighth month of gestation. It thus extended over a period of more than six weeks. During all this time the woman's general health was good. She went to term, and gave birth to a healthy child. That child is now eight months old, and is apparently entirely healthy. No syphilitic symptom has ever been developed.

Case 2. Mrs. ———, 30 years of age, apparently healthy. Her first pregnancy, several years ago, terminated in miscarriage, on account of disease of the fœtus. Her second pregnancy proceeded to term, and resulted in the birth of a child, which appeared at birth to be healthy. But at the end of three or four weeks it ceased to thrive. Brownish discolora-

tions soon covered the surface. The child became fretful; nutrition was impaired; signs of lesion of the meninges of the brain came on, and the child died in a coma when four months old. Congenital syphilis was clearly the cause of death.

In due time a third pregnancy ensued and proceeded to term. A child was born which, at birth, gave no indication of disease. For three weeks this child. also, did well; and but for past experience, there would have been no cloud in its prospects. But at the end of that time, namely, when the child was between three and four weeks old, signs of vitiation appeared; and soon copper colored patches mottled the skin, and a few spots of pemphigus were seen. The child's general condition declined, and at last it became lethargic and then comatose. It died when fourteen weeks old.

Inherited syphilis was again clearly the cause of death. The mental distress of this mother was now very great. A mysterious fatality had robbed her of all her children, one after another.

At length a fourth pregnancy took place, and the mother insisted that something be done to save the child, if possible, from the fate of its predecessors. She was, therefore, put under treatment similar to that employed in the first case. She was required to take eight grains of iodide of potassium, with 1-32 of a grain of the bichloride of Mercury, three times a day, in combination with Huxham's Tinc. of Bark. This prescription was employed from about the seventh week of gestation until the end of the eighth month, with occasional intervals of five or six days. The general health of the woman suffered no impairment from this protracted use of the remedies; on the contrary, it was firm and good throughout. This was, I think, in part due to the conjoint use of the bark, which served to counteract the depressing effect of the salts. A healthy child was born at full time.

This child is now seven months old, and is healthy. Not the least sign of a syphilitic cachexia has appeared.

In this case, the father is known to have had constitutional

syphilis. It is not certainly known that the mother had been infected, but there is reason to think she had been. However this may be, experience had shown that, without preventive medication, these parents could not hope for healthy offspring.

In the first case, there had been no previous children; but we have a right to infer that, but for the treatment, the child would have been syphilitic.

It seems to be established that the embryo may take a syphilitic dyscrasia, at the moment of conception, from the spermatozoid of one parent, or the ovule of the other; or from both concurrently. When one parent only is affected, the offspring may escape, though the chances are always greatly against it; but when both are syphilitic, the child seldom or never escapes, unless shielded by medication.

These cases show, as far as two cases can show, the advantage to the child of such medication, addressed to the mother during gestation; and they teach the practical lesson that, under such circumstances, we ought diligently to use remedies, in the hope that we may thereby save the child from a deadly inheritance.

Original Translations.

From the German and French, for the "Detroit Medical Journal."

BY J. HENRY CARSTENS, M. D.

Experiments to prove Mercury in the Milk of Women during a Course of Inunction, by Dr. Klink of Warsaw. (Viert. Jahr. Dermat. & Syphilis.)

Dr. Klink described a case of syphilis in a nursing mother, whose child also had the disease. Excepting baths containing each 5 grains of corrosive sublimate, it was cured by the mercury obtained from the milk of the mother, who was subjected to a course of inunction.

The possibility of mercury passing from the mother, with the milk, to a child has been denied by Henry J. Chevallier Peligot, Posner, and others, but other authors (C. Gerhardt, Persome, C. Binz, etc.,) have proved the presence of mercury in

the milk of wet nurses. Klink making his experiments in Tadakowski's laboratory, was able by electrolysis, to deposit the mercury on plates of gold. The mercury was afterwards proved to have been iodide of mercury. He has therefore proved what has been only heretofore *suspected* by other therapeutists, who judged by the results of the treatment. (*Vienna Med.-chirg Rundschau,)*

Experimental Addition to our Knowledge of Fevers, by H. Jacobson. (*Allg. Med. Centr. Zeit.* 27.)

Continuing the experiments of Cl. Bernard the author gives the results of thermo-electrical measurements which were made at his suggestion by Messrs. Schnelein and L. Jacobson, to determine changes of temperature of the skin in different fevers. These the experiments prove that in certain forms of fevers—typhoid, peritonitis, acute rheumatism, erysipelas, puerperal metritis, miliary tubercle, cheesy pneumonia—oscillation of temperature takes place continually in the skin, in the course of the disease as well as at the height of fever and temperature; and that these changes are not proportional to the temperature of the axilla or oral cavity, or in any manner depending thereon. In constant or increasing temperature of the axilla, sudden changes in the temperature of the skin are not unusual. Differences of 8°--10° C. have often been noted, without any symptoms of lessened heart's action. But also on different parts of the skin, even adjoining parts, as thorax and epigastrium, no harmony could be found, while the temperature increased in one place, it lessened perceptibly in another.

In a minority of febrile diseases, scarlatina, measles and croupous pneumonia, the difference of central and peripheral temperature disappears. Jacobson concludes that the nerves supplying the bloodvessels of the skin during a fever do not cease their functions. It appears also necessary in future not to take the temperature of the axilla and oral cavity alone in the measurement of the body's temperature.—*Vienna Med.-chirg. Rundschau.*

Societe de Biologie a Paris.

M. Davaine presented an anatomical specimen, of extra uterine pregnancy with the membranes intact; it was a case of tubal pregnancy. It came from a woman who had died with symptoms of internal hemorrhage, one and a-half hour after entering the Charity hospital during the service of M. Labaulbene. All that was known of her antecedents, was that she had been hysterical.

At the autopsy the peritoneal cavity was found filled with blood, and, at the end and along the Fallopian tube, an oval tumour the size of a chicken egg, the consistency of a cyst and of the color of wine. This tumour had at one end a small orifice, at which a small piece of coagulated blood was adherent. The corresponding ovary showed a large corpus luteum. On the right ovary a yellow pocket was also found but less voluminous. The other organs were normal.—(*Annales de Gynecologie.*

Epithelioma of the Neck of the Uterus Cured by Five Injections of a Solution of Chloride of Zinc, by Prof. A. Guichard. (Condensed by the Translator.)

When an epithelioma of the neck of the uterus is *confined* to that locality, two methods of cure can be employed—amputation and cauterization. The author presented a case in his clinic at the Ecole de Medecine, a woman aged 38 with the following history: She menstruated at 15 years, had two children when respectively 22 and 25 years of age; both now dead; family history good. Present disease began nine months ago, general malaise, etc. 3 months ago began to flow at irregular intervals. Speculum neck,examination revealed an epithelioma confined to the posterior dimensions, 5 by 4 centimetre. The tumor bled at the slightest touch. Nov. 30, assisted by Dr. Guichard, Pere and Briand, the professor injection with a hypodermic syringe, armed with a long nozzle, 4 drops (or 20 centigrammes) of a solution of chloride of zinc. A tampon was introduced, which was removed the second day and emollient injections made. Dec. 4th, tumour looked shriveled. At three points 5 drops of chloride of zinc were injected. An eschar came away Dec. 6th. As she ex-

pected to menstruate by the 11th, no further injections were made. Menstruation lasted from Dec. 12th to 15th. Dec. 18th examination revealed many points that had an appearance of vegetation. At three different points again 5 drops were injected. Dec. 24th and 28th the last injections were made at two points. After this repeated applications of the solution were made. Two years thereafter, Jan. 1877, she was examined and found to be well, no return of the disease having taken place.—(*Annales de Gynecologie.*)

Reports of Societies.

Abstract of Proceedings at the Annual Meeting of the Michigan State Board of Health, April 10, 1877.

REPORTED BY DR. H. B. BAKER, SECRETARY OF BOARD.

The annual meeting of the State Board of Health was held in Lansing, April 10, 1877.

There were present Drs. Hitchcock, Kedzie, Lyster, and Baker, and Rev. Chas. H. Brigham. The terms of the other two members—Rev. J. S. Goodman and Dr. A. Hazlewood—expired on January 31, and new appointments have not yet been made.

Dr. H. O. Hitchcock, President, presented his annual address on "The Laws of Heredity in their Relation to Public Health," and to legislation in the interests of Public Health. It will appear in the next report of the Board.

The election of President for the ensuing two years resulted in the unanimous choice of Dr. O. H. Hitchcock. Dr. Hitchcock returned his sincere thanks for the honor thus conferred upon him, but stated that having held the office since the organization of the Board, and believing that the honor should be shared by others equally desiring of it, and whose earnest efforts should be rewarded, he should therefore peremptorily decline. Dr. R. C. Kedzie was then elected president.

Dr. Arthur Hazlewood submitted a short report concerning a suggestion by Dr. W. H. Rouse of Detroit, that the State Board of Health and the State Agricultural College co-operate in the production of Bovine virus. Dr. Hazlewood reported that a reliable article can now be obtained, at a less cost than by the proposed method, from persons who make a specialty of its production. He suggested that the Board could with propriety refer all inquiries for reliable Bovine virus to Dr. E. L. Griffin of Fond du Lac, Wisconsin, or to Dr. Geo. E. Ranney of Lansing, his agent for Michigan. The report was accepted and adopted.

The Rev. C. H. Brigham read an essay on "Recreations in their Influence on Health." He reviewed the popular games and exercises of the day, and said "that the best recreation is that which gives the most exhilaration of mind and body, with the greatest economy of time and strength, and with the least danger to life and limb.

Dr. Baker submitted a proposed circular of information on the "Restriction and prevention of Scarlet Fever." It embodied carefully framed rules for the prevention of this dreaded disease, and directions for different methods of disinfection, etc. The subject has been under consideration during the past year by members of the Board, particularly by Drs. Hazlewood and Baker. The document was adopted and 20,000 copies were ordered printed in pamphlet form, for distribution in this State. A circular to the correspondents of the Board asking for facts concerning scarlet fever was ordered printed.

The Secretary read a report from Dr. J. H Beech of Coldwater, who at the request of the Board had made an investigation of cases of diphtheria at Union City. The number of interments from this disease in the cemetery of that village between April 27 and October 31, 1876, was 20. The report was ordered published in the Annual Report of the Board.

At the last meeting of the Board Drs. Kedzie and Baker were appointed a committee to take such steps as circumstances might require to place before the Legislature any information in the possession of the Board regarding the working of the law for the inspection of illuminating oils, and to act for the Board

in endeavoring to maintain the present standard of inspection so far as regards the flash test—140° Fahrenheit. Dr. Kedzie reported that he had labored hard in the performance of the above duty, had delivered an address upon the subject before the Legislature, and had several times met with the committees on public health in the Senate and House, but in the Committee of the Whole in the House the test had been lowered to 120° F. The subject was discussed and there was a unanimous feeling that in the interest of public safety the present flash test of 140° F. should be maintained. The Secretary was directed to send a respectful memorial to the Legislature, setting forth the views of the Board.

The Secretary submitted his quarterly report, which mentioned the distribution of meteorological instruments to observers in different parts of the State; books to the number of 123 had been received and placed in the library; diphtheria has been reported by a large number of correspondents in different parts of the State; 36 letters had been written to correspondents asking for details, and 28 replies received; letters had been written to and replies received from correspondents who reported erysipelas and puerperal fever at the same time and place. Letters had been written to and valuable replies received from correspondents where scarlet fever had prevailed. About 1,600 copies of the last Annual Report had been distributed during the quarter, and the usual number of former reports and documents had been applied for and distributed. Among these applications were many from other states and some from foreign countries. Thirty-three replies have been received from correspondents relating to diseases in the State during 1876; 13 replies relating to water supply in various localities; 345 reports of local Boards of Health had been received, and the question was raised whether more vigorous action should not be taken to obtain more of these reports. About 70 reports of prevalent diseases are received each week from correspondents in different parts of the State. These reports are carefully read as received, and have been compiled for the months of October and November. Circulars have been issued to health officers of cities urging them to report in

accordance with law. The following cities are delinquent: Adrian, Ann Arbor, Battle Creek, Bay City, Big Rapids, Coldwater, Corunna, Detroit, East Saginaw, Flint, Hillsdale, Holland, Jackson, Lansing, Marshall, Muskegon, Pontiac, St. Clair, Ishpeming, Mason and Negaunee. A few of the health officers of these cities have reported spasmodically. The Secretary was directed to condense from publication in the Annual Report the replies of correspondents relative to diphtheria. and to scarlet fever. A communication from J. S. Caulkins, M. D., relative to a kerosene lamp explosion by which Estella Slack was killed; also a communication from Dr. A. W. Nicholson, relative to an epidemic of scarlet fever, was read. The letter will be published in the Annual Report. A communication from Wm. G. Rhoades, relative to the ventilation and trapping of house drains, was read and referred to Dr. Lyster. Other communications were read, and the usual regular business was transacted.

Dr. Kedzie was requested to prepare an article on water examination. Dr. Baker, who made the motion, thought such a paper would enable the physicians throughout the State to make examination and give useful information as to the safety in the use of water from wells, etc.; that it would secure a greater number of examinations, and the conditions of the water supply and the diseases in different parts of the State could be compared.

A hearty vote of thanks was given to Dr. Hitchcock—retiring President of the Board — for his earnest and able labor for the promotion of public health.

Detroit Academy of Medicine.

DETROIT, January 9th, 1877.

Dr. Gilbert was elected president, pro tem.

PREVAILING DISEASES.

Dr. Spalding had met with a very persisting form of intermittent fever, and which did not yield to quinine as readily as ague does in the spring and fall of the year.

Dr. Gilbert.—"What, if any, were the complications?"

Dr. S.—It followed inflammation of the womb in two cases, but most of the cases were in children, and of the regular intermittent type.

Dr. S. raised the question "if it were possible for the ague poison to be stored up in the system."

Dr. Noyes thought it remarkable that we should have malarial fever during the prevalence of such cold weather.

Dr. Gilbert had seen several cases of same class, though the most of them had abdominal complications, pain, griping, tenderness, &c. Last year, during the winter, malarial fevers that came under his observation were complicated with cerebral troubles. In answer to Dr. Noyes' query he did not think the poison was generated during very cold weather. He spoke of a case that he was treating, and said the same thing had occurred to his mind that Dr. Spalding had suggested, i. e., whether this patient had not been laying up a store of the poison ever since last summer The Dr. said that we could not demonstrate it, but that there was nothing improbable in the case.

Dr. Noyes had seen one or two mild cases of diphtheria, and a few cases of lung fever in children.

Dr. Gilbert asked Dr. N. if he had adopted any particular treatment.

Dr. N. answered that he had not.

Dr. Connor.—"Why is it that diseases of blood poisoning, generally speaking, are more prevalent during the winter season?"

Dr. Spalding.—One reason that occurs to me is, that the eliminating organs are more active in summer than in winter, and that they undertake to eliminate poisons as well as effete matter.

Dr. Gilbert.—It is a well known fact that vaccine virus is destroyed at a temperature of 80°; reasoning from analogy the small-pox poison would be destroyed in summer; in winter the sub-stratum of air is heavy, and poisonous agents are not diffused as rapidly, hence they are more concentrated. People are more confined to their houses in winter, ventilation is not as perfect, the eliminating organs are not as active, hence they are

far more susceptible to the action of any morbific agent; besides, I am not sure but that the system may lay up a store of these poisons.

In persons who eliminate rapidly this would be prevented. We see persons who can drink large quantities of alcohol in a short time, but the system throws it off rapidly, and they become intoxicated slowly; while in others who eliminate slowly, small quantities of alcohol rapidly intoxicates them.

This is in accordance with our mode of treatment. We direct our remedies to certain organs or parts with a view of assisting nature in her work.

The Dr. inquired if any one had examined the small-pox poison microscopically to investigate the cell thrown off.—(Dr. Connor,—The cell theory is exploded.)

Dr Gilbert said that he regarded the cell as the first step toward organization, but would use the term bioplasm as a better one. In variolous cases the poison thrown off must be living bioplasmic matter in order to reproduce itself.

Dr. Connor.—Small-pox occurs with more severity among those who are crowded together and poorly fed. We know that in states of starvation the system will absorb any substance more readily than in health. Starvation, by diminishing the quality and quantity of the blood, causes the lymphatic vessels to absorb more readily any substance that may be presented to them. Those people among whom small-pox rages are usually in this condition; whenever the small-pox virus is brought into a room where these persons are confined, they are in just the condition to absorb it; in addition to vaccination what we most need to prevent the spread of the disease, is to diminish conditions for absorption, with food, good air and ventilation. In vaccination we introduce a nitrogenous substance into the arm; it is taken up by the lymphatic capillaries, carried in the lymphatic circulation through various sets of lymphatic glands, and emptied into the venous blood; thence it is distributed to every tissue of the body through the arterial circulation. Facts from physiology and pathology render it certain that the vaccine matter in some way modifies every living tissue in the entire body. In this view of the matter it is easy to understand why,

during the entire period of its growth, the child should be vaccinated every five or six years. Clinical observation has demonstrated that only those that have thus been vaccinated are protected from small-pox.

Dr. Spalding said that he would like to enquire of Dr. Connor how it was, if vaccination modified all the tissues of the body, that we are able to innoculate ourselves with syphilis?

Dr. Connor.—The modification produced by vaccination in the system is no obstacle to the action of the syphilitic poison, but only to that of the small-pox poison. Dr. C further said that two distinct processes could not affect the same cell at the same time. Why it was that one person whould have a mild and another a severe type of the same disease, he thought was due partly to hereditary influence and partly to cell resistance, and the latter was due to the hygienic conditions of the individual. Practically, then, there are two things in relation to the individual to be taken into consideration in order that he may resist disease. 1st. The formative power should be kept as perfect as possible, and 2d. To keep out all disturbing elements. A perfect type of a physical man will not be affected by these poisons.

The Dr. regarded fear as one of the greatest of the predisposing causes; nearly every one fears small-pox; fear interferes with all the digestive processes and indirectly diminishes cell resistance.

Dr. Gilbert said that if the poison was present it was more than likely it would be absorbed, but this was a tacit admission that there was a poison to be absorbed. Neither good hygienic measures or the most favorable conditions of health would prevent the infection from taking place; the only sure preventive is perfect isolation, hence, the more thorough this isolation is made, the sooner shall we get rid of, or prevent the spread of variola when it appears amongst us. The observance of every other condition, however good in itself, to the neglect of this, would avail nothing to hinder contamination, and what is true of this is also true of all other infectious diseases.

Adjourned.

J. D. MUNSON, M.D.,
Secretary.

DETROIT, February 13th, 1877,

The President, Dr. Geo. G. Andrews, in the chair.

PATHOLOGICAL SPECIMENS.

Dr. E. W. Jenks presented to the Society an exceedingly interesting, as well as rare specimen—a small portion of a liver that had undergone acute rapid fatty degeneration from malarial poisoning, and made the following remarks in regard to the case: "The patient had been feeling poorly for a few days and when I was called to see her was suffering from acute pain in the umbilical region, due I thought at the time to spasm of the intestines. The pain did not come on suddenly as she had felt more or less of it during an afternoon sleighride with some friends. Simply prescribed an anodyne. The next morning I found that she had passed a very bad night; had had a very severe chill in the early part of the evening, and copious evacuations from the bowels during the night; cannot say whether they contained bile or not. The pains continued very severe; temperature, 103¾° F. Gave a hypodermic injection of morphine, and half an hour later—it not relieving the distress—another was given. At 5 P. M. she was much worse, seemed moribund. Dr. Andrews was called in consultation; stimulants were administered freely, also morphine, for I believe that morphine acts as a stimulant in such conditions; under their use the pulse came up and she soon rallied. Temperature 100½° F. The next day she was more comfortable; very little fever. On the 3d day the symptoms were worse, and patient passed clay colored stools. Believing that it was a form of malarial poisoning quinine was prescribed. Temperature highest in the morning; evening slightly above the normal. On the 4th day the patient was delirious. Quinine could not be retained on the stomach; ordered suppositories of quinine, hyoscyamus and camphor. No benefit derived, but delirium more violent; thought it might be due to the hyoscyamus, and withheld it; at times pain over the intestinal canal; slight tenderness in the umbilical region;—could detect no peritonitis. This condition continued without much change for several days—seemed neither better nor worse. Toward the last there were fœcal discharges, with indications of general intestinal catarrh.

We did not think the prognosis entirely bad, at this time.

On the morning of the 10th day the symptoms were more violent. Temperature higher—102°; had to give morphine; re-acted well from stimulants. Prof. Armor was called in consultation; delirium during the afternoon was violent in character.

On the morning of the 13th day patient seemed more feeble—pulse rapid and weak; respiration very slow; a hypodermic injection of morphine and atropine was admistered with good effect on both the pulse and respiration; pulse feom 110 to 120. The patient gradually sank and died from asthenia. There were traces of bile in the urine, and on the 4th and 13th days there was bile in the stools; bilious matter was vomited; on the 12th day of her illness post mortem examination revealed a considerable amount of adipose; no intestinal inflammation; no serum in abdominal cavity. Spleen and pancreas healthy; intestinal canal and bile ducts pervious. At the point, where she complained of most pain, there was some turgescence of the blood vessels. There was extensive disease of the liver, presenting throughout the appearance of this specimen before you—yellowish drab or more nearly cafeau lait. It seems to have undergone extensive and rapid fatty degeneration; it was very much enlarged. Dr. Andrews thought it weighed as much as six pounds; gall bladder distended with bile; no gall stones were found.

One thing that interested us all was in relation to indications of the thermometer in this case as a means of diagnosis. In malarial troubles the temperature rises rapidly and sinks as fast; in inflammatory troubles it rises gradually, remains stationary for a time and then as slowly disappears.

Dr. Andrews—one of the points of interest in this case, was the behavior of the temperature. We found that on the morning of the first day it was 103¾°, a height that was not exceeded excepting on the day of the patient's death. Throughout the whole course of the disease there were daily fluctuations and every other day marked remissions; after the first day and until the 8th, on the sick days the morning temperature averaged

about 101° and evening 100°–100½°. On the well days or the remission days, the morning temperature averaged about 100°; evening, 99°. On the 8th and 9th days it was 101° and 99½° morning, and in the evening little above the normal.

10th	Day,	Temperature,	Morning,	102° F.
11th	"	"	"	103½° F.
11th	"	"	Evening,	101° F.
12th	"	"	Morning,	103¾° F.
12th	"	"	Evening,	101¾° F.
13th	"	"	Morning,	104¾° F.
13th	"	"	At 5 P. M.,	102° F.
13th	"	"	At 6 P. M.,	102¾° F.

At 12 M., on the 13th day the respiration was very slow and had been during the morning and night before; it was labored and had heen as low as eight times per minute. This was due to the nervous exhaustion no doubt; atropine was administered and the respirations soon became fuller, faster and stronger The pulse very weak and rapid. Sent for Dr. Jenks. and when he arrived the patient was moribund.

Dr. Jenks, one point of interest after excluding all inflammatory diseases, was the tendency to tympanitis, showing that there was some decomposition taking place in the intestinal canal, with paralysis of its muscular apparatus, owing to the absence of bile in the tract. Nux vomica and salicylic acid were administered to relieve this. The Dr. thought the delirium might have been due to a retention of cholesterine in the system —cholesteræmia.

PREVAILING DISEASES.

Dr. Bradley had seen quite a good deal of catarrhal pneumonia (and a few cases of acute malarial trouble in children) which he attributed to the digging of a drain to the house.

Dr. Noyes reported a case of gonorrhœal ophthalmia, affecting both eyes, appearing three days after birth—the most severe case he had ever seen. There was a great amount of swelling and discharge; had but little expectation of saving the sight; regarded it as a *sine qua non* of treatment to resort at once to the topical application of the much-abused nitrate of silver in substance (mitigated) to the everted lids, after washing

away the matter and diluting it before turning them down upon the eyes. He said "much-abused" because there had been considerable discussion and difference of opinion among some oculists in regard to employing it at all in young children, such evil results having so frequently followed its injudicious use. Under this treatment, repeated every day—sometimes twice a day—keeping them free from matter by frequently washing them out, the eyes get well.

We do not always know whether the cause be a gonorrhœal or leucorrhœal discharge; but in this case there was no doubt. Ophthalmia neonatorum differs in no respect from the same grade of inflammation occurring in the adult,—it assumes the same character either of the purulent or catarrhal form, and demands similar treatment. The more frequent implication of the cornea in infants, as stated by some authorities, with suppuration may be accounted for, it seemed to him by the ignorance and want of proper care they so often receive. These cases demand the constant, watchful care of the attending physician, and should never be entrusted to the nurse. He had seen many cases of loss of sight, from want of proper care or ignorance in treatment. Had a case in this city brought to him with complete leucoma of both corneæ,—entirely blind, and for them nothing had been done save the constant application from the first, of warm poultices, by order of the attending physician, (Homœopathic), the very worst application almost that could have been made to them. The matter, which was very abundant aggravated by the poultices, had received no attention, fortunately the cornea cleared up under the topical treatment with nitrate of silver, (mitigated), and sight was restored. The first indication--next to prevention,is to see to it that the eyes are thoroughly cleansed of the matter by the frequent use of warm water—observing this, that the use of a weak collyrium of alum or sulphate of zinc 1 to 2 grs. ad ℥j used two or three times a day in an ordinary case is all that is needed; if, however, the discharge becomes more abundant and creamy, strong astringents must be employed, (zinci sulph. grs. ij, alum grs. iv, aq. destil ℥i,) or as I have already indicated, nitrate of silver,—

either mitigated or compound) may become necessary, but this in substance should only be used by the physician who understands how to regulate and localize its effects.

Society adjourned.

J. D. MUNSON,
Secretary.

Flint Academy of Medicine.

FLINT, April 9th, 1877.

Flint Academy of Medicine met at Dr. Willson's office Tuesday, March 6, 1877; President, Dr. Fish in the chair. Members present, Drs. Buckham, Clarke, Cogshall, Eastman, Fairbank, Howland, Hurd, Millard and Willson. Minutes of the last meeting read and approved.

Drs. Eastman and Cogsholl brought before the Academy a case of enlargement of the leg, just above the ankle-joint, and asked the opinion of the members on the case.

Dr. Willson thought the enlargement was due to a derangement of some of the nerves, perhaps the vaso-motor.

Dr. Fairbank asked the opinion of the Academy on a case in which there seemed to be a tumor nearly opposite the umbilicus, which was movable and was accompanied by obstinate vomiting and a constipated condition of the bowels.

Dr. Willson said he had a case similar to Dr. Fairbank's some years ago, in which the remedies which gave the most relief were bismuth, tr. nux vomica, with muriatic acid, pepsin and sherry wine.

Dr. Buckham said he had a similar case several years ago, in which the *post mortem* showed a small tumor attached by a pedicle to the liver.

Dr. Willson referred to a case in which there was a constipated condition of the bowels, and in which he had used violent purgatives without relief, but which finally yielded to small doses of calomel, ipecac, podophyllin and chlorate of potash.

Dr. Eastman opened a discussion upon the effects of mercury upon the system, advocating its use in bilious and similar fevers met with in this climate. He also spoke highly of its use in inflammatory diseases.

Dr. Buckham followed in some remarks, in which he claimed that he did not find mercury necessary in treating fevers, since he regarded it too much of a depletive, but in inflammations he esteemed it very highly.

Dr. Millard said that in malarial fevers he thought there were fewer relapses when quinine, followed by iron without mercury, was used.

Dr. Clarke thought disease the most powerful depletive we had to contend with. He said he had met some cases of ague, which would not yield to quinine, but were easily cured by the exhibition of mercury. In such cases, he thought there was some inflammatory condition which the mercury removed.

Dr. Willson thought he could not get along in practice without mercurials. He said he thought he had lost some cases which he might have saved with a few doses of calomel.

Dr. Millard said he did not wish to be understood as discarding mercury entirely, but unless he was sure what he was giving it for he would not use it.

Dr. Buckham did not wish to condemn its judicious use, but he thought very many times it had been used unnecessarily.

Dr. Cogshall said very frequently the truth was to be found between two extremes. Such he believed to be the case with mercury. He had found it very beneficial in the early stages of fevers.

The president appointed as the essayist for the next meeting, Dr. Millard.

On motion the society adjourned for one month.

TUESDAY, April 3, 1877.

Flint Academy of Medicine met at Dr. Millard's office. Pres. Dr. Fish in the chair. Members present Drs. Clarke, Fairbank, Millard, Willson, and Hurd.

Dr. Millard offered the following preamble and resolutions, which were unanimously adopted.

WHEREAS, This society has learned, with the most profound regret, of the death of Prof. H. S. Cheever, of Ann Arbor, one of the brightest lights of medicine, and

WHEREAS, His eminent abilities, high professional attainments, and his social qualities both as a teacher, and as a companion, have endeavored him to our profession, and

WHEREAS, By his early death, stricken down in the years of his usefulness, the profession of the state has lost one of its truest and noblest physicians. Therefore be it

Resolved, That while we bow in reverence to the will of Almighty God, we wish to express our sorrow at the loss of so true a friend and benefactor.

Resolved, That a copy of the above be sent to his wife and family, as a token of our profound respect for our worthy brother.

Dr. Millard commenced to read an essay on urea, but as he was unable to finish it, on motion of Dr. Willson, a vote of thanks was tendered to the Doctor with a request that he be continued a essayist for our next meeting.

Dr. Fairbank reported further upon the case reported by him at the last meeting. He said the patient was slowly sinking, that counsel had been called who thought it a case of intussusception of the bowels.

Dr. Fish reported the following interesting case: W. B., age 79, light complexion, blue eyes, light hair, strictly temperate although fond of good living, originally a hatter, more lately a farmer and has been a preacher. Born in Maryland, came to Michigan over 40 years ago. Has been an invalid for several years. Six months ago had alarming heart symptoms, and for two months has suffered with a sense of impending suffocation and occasional severe pain in the region of the heart. Pulse irregular, weak and intermittent; dropsical effusions, and ten days before death gangrenous spots on instep and ankle; died March 14th. Autopsy 12 hours after death. Body still quite warm; spots of gangrene on foot and ankle, with something of same appearance on one hand and wrist; lungs healthy except slight adhesions of pleura to thoracic walls of long standing; liver normal in size and healthy in appearance; gall bladder filled with thick inspissated bile, in which there were a number of biliary calculi; stomach, intestines and bladder normal; kid-

neys considerably enlarged with spots of white fatty degeneration; spleen degenerated into a dark, nodulated, hard feeling mass, and so intimately attached to the peritoneum and abdominal walls as to require careful dissection to separate it. The condition of the spleen and kidneys was doubtless of long standing.* The heart and membranes occupied their normal position and there was nothing in the appearance of the pericardium or its contents to indicate serious disease. The heart itself was about natural as to size; it had, however, a flabby feel to the touch, and in handling a little carelessly the fingers broke through the walls, penetrating the right ventricle, the walls of which being very much attenuated and non-resistant—scarcely more so than ordinary brown paper. There was considerable ossific deposit at the opening of the aorta and at the base of the mitral valve. The aorta, from its junction with the heart to and including its arch, was greatly enlarged. There were many points of ossific deposit along the course of the descending aorta and just above the bifurcation when it divides into the iliacs, a piece of the vessel taken out presented the appearance of a bony tube. The left ventricle of the heart contained an organized fibrinous substance nearly two inches in length, of unequal size, one end of which extended to the orifice of the aorta. The cardiac (coronal) arteries, from their origin to extremest ramifications, were perfectly ossified, presenting when dissected out a wonderful net work of bone, enveloping that portion of the heart usually coursed by its arteries and their branches.

E. W. HURD,
Secretary.

G. W. FISH,
President.

*More than 50 years ago this man had chills and fever, with enlarged spleen, for which he was treated many months, and finally, at the advice of his physician, emigrated for the benefit of his health.

Abstracts from Exchanges.

Practice of Medicine.

PHTHISIS PULMONALIS.—Dr. Austin Flint, in an article in the *American Practitioner* for February, gives a review of his work "Phthisis: its morbid anatomy, etiology, symptomatic events and complications, fatality and prognosis, treatment and physiological diagnosis, in a series of clinical studies." He considers this review necessary from the fact that he fears that certain points brought out in his analysis of the six hundred and seventy cases given in his work have not been properly recognized by the profession. One of these points is that which refutes Niemeyer's assertion "We have no hesitation in saying that the greatest danger for the majority of consumptives is, *that they are apt to become tuberculous*; that is, the greatest danger is from the secondary production of the granulations to which Virchow has restricted the name 'tubercle.'" Dr. Flint's cases demonstrate that this is an infrequent cause of death in cases of chronic phthisis and that the fatal termination is, as a rule, owing to either the exudation into the air-cells, together with the subsequent processes involving danger of the pulmonary structure, or to grave complications such as pleurisy with effusion, intestinal ulcers, peritonitis, and not to the developement of granulations or miliary tubercles. On the question of etiology, Niemeyer affirms that "It (phthisis) arises with rare exceptions through extension of a chronic catarrh;" that "A simple genuine catarrh may extend into the air vesicles in a person of apparently perfect health and vigor. Healthy men should never feel sure that they will never die of an acute or chronic catarrhal pneumonia—that is, from phthisis—proceeding from a cold and resulting in caseous infiltration and destruction of the pulmonary substance." Notwithstanding that these views were subversivè of those based on the clinical researches of Louis, they were adopted by not a few members of the profession and the name of "chronic catarrhal pneumonia" was adopted as the most appropriate

name for pulmonary phthisis. Dr. Flint's cases go to prove that pneumonia, pleurisy and bronchitis have little or no tendency to the developement of phthisis.

As regards pulmonary hemorrhage, Niemeyer asserts that it occurs more frequently than has been supposed when the lungs are free from phthisical disease, but that its occurrence indicates a phthisical predisposition. In these views he is borne out by Dr. Flint's analysis of cases. Niemeyer, however, did not consider bronchial hæmorrhage a favorable omen in phthisis, but on the contrary that is an unfavorable event in such cases. In this assertion he is not borne out by Dr. Flint, who is supported in regarding the occurrence of hæmorrhage a most favorable symptom by Ware's statistics.

Of Dr. Flint's cases forty-four recovered and an analysis of these with those in which there was an arrest of the disease warrants the following conclusions: Other things being equal, the prospect of recovery is in proportion as the phthisical affection is small. The prospect of recovery is not greater after, than before, thirty years of age. Sex appears to have no influence on recovery. The absence of family predisposition to the disease, is not of much importance as regards a favorable prognosis. Chronic laryngitis, pleurisy with effusion, as antecedent and intercurrent affections, and perineal fistula, are not unfavorable. Persons of resolution and perseverance, who appreciate the nature of the disease, and are determined to overcome it, bringing the power of the will to bear on the means of recovery are those who most frequently recover. A certain proportion of cases tend intrinsically to recovery, the disease undergoing arrest or ceasing to progress from its own limitations. Hygienic treatment as distinguished from medicinal is of the greatest importance, medicinal treatment without the hygienic being comparatively feeble while the hygienic alone was attended by as favorable results as when combined with the most approved medicines. Temporary change of climate, change of habits on the parts of those who are confined within doors and sedentary, and sea voyages are the most important factors in hygienic management.

The general tendency of the conclusions Dr. Flint arrives

at, is to lessen confidence in medicine and purely climatic influence in phthisis, and to enhance the value of hygienic measures which are more available, involving less hardship than the pilgrimages made by so many phthisical patients, with the risk of dying away from home and friends.

Pulmonary Phthisis—Its Three Varieties.—Dr. A. L. Loomis *(Medical Times, January 6, 1876)* recognizes three distinct forms of pulmonary phthisis:

(1) Catarrhal, which begins as an ordinary catarrh—nasal, pharyngeal, laryngeal or bronchial. Emaciation does not set in till some time afterwsrds. These symptoms are characteristic, and a certain proportion of the cases tend to recovery.

(2) Tuberculous—begins with progressive emaciation—with a hacking cough, without expectoration, and no catarrhal symptoms. This form he regards as fatal.

(3) Fibrous—characterized by fibrous indurations, with dilated bronchi and resulting cavities.

Prognosis of Phthisis.—Dr. Wilks, of London (*Med. and Surg. Reporter*, Dec. 16th, 1876) says: Hæmoptysis is most frequently a symptom of the earlier periods of phthysis, and hence it is often difficult, or even impossible, to find physical signs. Later in the disease, the vessels have contracted or become obstructed before softening occurs. 2nd. The discovery of cavity signs should not condemn the patient, as they are often evidences of a chronic form, and may remain stationary for a long period. 3rd. The worst cases are those in which but little or no physical alteration is discovered, and in which acute tuberculosis brings about a fatal issue, without excavations. 4th. The signs of a cavity are: Dullness, amphoric breathing, pectoriloquy, gurgling and bruit de pot fete, of which the moist sounds are the most conclusive. 5th. The pigeon-breasted, narrow chest is rather the sign of early rachitis than of phthisis, whilst the flat chest, with the sternum rather falling in than protruding, is the truly phthisical one.

Treatment of Spasm of the Glottis.—(*Journ. de Med. et de Chir.*, Vol. 47, 1876. *Med. Record*, Feb. 10, 1877). At-

tacks of spasm of the glottis are much more severe than those of false croup, being accompanied by contraction of the muscles of respiration, especially of the diaphragm, and sometimes even by general convulsions. There is no time to employ electricity, friction, chloroform, etc., as is usually recommended; and hence the practicability of this plan. M. Charon states that inhalations of ammonia rarely fail to cut short the attack, and accordingly advises mothers who have children subject to such attacks to always carry a bottle of ammonia with them. He states the case of the wife of a physician, who, whilst looking for her misplaced ammonia bottle one day, lost her child in such an attack, though she had carried him through many former ones by the use of ammonia.

THORACENTESIS IN EFFUSIONS OF THE PLEURA.—*(Med. Record*, Jan. 27, 1877).—From the valuable papers of Dr. B. Robinson, of the Manhattan Eye and Ear and the New York Charity Hospitals, are taken the following conclusions:

1. Thoracentesis should be performed as soon as practicable, in all cases where there is imminent danger to life from the presence of a pleuritic effusion.

2. This operation must be made without delay, in all cases, when the effusion is very large. This rule, too, is absolute, and is in no wise invalidated—either by the nature of the liquid contained in the pleural cavity or the time it has taken to form.

3. Two symptoms only can give us certainty in our diagnosis of an effusion. The absence of either places us in a state of doubt. They are:

a. Absolute dullness over the anterior portion of the chest, except, perhaps, under the clavicle, where a note of high tympanitic pitch may be detected.

b. Complete absence of respiratory or vocal sounds, either healthy or morbid, in an extent corresponding with that where absolute dullness is present.

4. Other physical signs are not of equal value with the preceding, nor do they, if present, always lend additional assurance of accuracy of diagnosis.

5. The physical law which governs the transmission of sound in endo-pleural liquids seems to be quite opposite to what it is in the case of gases; for, the denser the liquid, the more do the sound waves diminish in intensity.

6. The greater the amount of fibrine in the effusion, the better is the prognosis; but, if the quantity of the former is of small amount, or, if none be present, the prognosis is always grave.

7. Thoracentesis should be performed in moderately large effusions, for the operation during the febrile period, even of pleurisy, has no injurious effect upon the ulterior march of the effusion, while the presence of the latter can only have a bad influence, as it plays the part of a foreign body, interferes with the function of the lung, and narrows the field of hematosis.

8. Whenever, in children, absorption of fluid is delayed, we must anticipate the modification of the liquid into one of a purulent nature, because, in the young, serous pleuritic effusions have a tendency to become purulent.

Signs of the First Stage of Phthisis.—(Dr. J. E. Pollock, *Lancet Med. Reporter.*)—Since the first stage of phthisis consists of a filling up of the alveoli by inflammatory or tubercular matter, it is recognizible by the signs, which indicate altered physical conditions of the lungs. If a portion of it, surrounding a pervious air tube, be solidified instead of the gentle vesicular murmur of inspiration and the equally gentle expiration sound and the even percussion-note on both sides, which are heard in the normal condition, we catch a dull note on percussion, a feeble, harsh or jerky and interrupted inspiration, a prolonged expiration and a transmission as though a tube of the voice and heart sounds by auscultation. From all this we conclude that the physical condition of a portion of the lung is changed, but as to the nature of the product which has altered it, these signs tell us nothing. The feeble respiration may be due to obstruction arising from any cause in one or more bronchioles, to anything which increases the distance of the lung from the ear as pleuritic effusions or thickened pleura to emphysema. Harsh

breath-sounds may be due to thickening of the walls of the air-cells, to induration causing pressure on the alveoli and to dryness of the mucous membrane of the bronchi. Prolonged respiration is due to the increased density and alteration in the elasticy of the lung. The bronchial character of the breathing and the great audibility of the heart sounds are due to the increased conducting power of the lung. Now, if several of these signs together with dulness co-exist in one case and the space presenting these characteristics be limited and one-sided, you may be sure that solidification has taken place around the alveoli of that part, and if this condition has been preceded by a slight loss of flesh, sub-febrile symptoms and with dry cough or a scanty flocculent expectoration, you may be pretty sure that you are dealing with the first stage of phthisis.—*Canada Lancet, 1877.*

The Malady of Innutrition.—(George Bayles, M. D., *New York Medical Journal*, Jan. 1877.)—The law of longevity is an actively operative law, as is proven by the observations of Dr. E. Jervis in the fifth annual report of the Massachusetts Board of Health, but its activity will be checked in the early future, particularly among us, by the growing results of the malady of innutrition if the present circumstances of things continue long in operation. The laws of heredity inform us that generally speaking, "like begets like," so that the highest standards of individual health, strength and mental aptitude in one generation are apt to beget corresponding ones in the following. Ante-natal innutrition is quite as common a cause of post-natal disease and death as is the impoverishment of the body through want, neglect, or ignorance after birth. This danger is a new one for us Americans, for abundance up to this time seems to have been our birthright, but the re-action from the severe financial depression which has swept over our country is so tardy, that evils formerly confined to the unrelievable poverty, are now in existence in the States. During the last three years it is estimated that fifty per cent of the medium class have suffered bad material changes in their worldly circumstances, some twenty-five per cent. being seriously involved in

money difficulties which may never be overcome, and ten per cent. of those hopelessly deprived of anything which may preserve them from a life of "hand to mouth." Physically and materially poor parents besides running all the dangers of the diseases to which a badly nourished body exposes them, will probably endow their offspring with the same and increased unfortunate predispositions. But the trouble does not reside only in the poverty stricken home, for improper, badly prepared food irregularly taken and badly digested may also produce the same effects in the houses of the wealthy. Tuberculosis, nervous disorders, uterine irregularities, cachexias, pneumonitis etc., are increasing, but though the lack of food can not justly be considered their sole cause, yet regarding it as a positive condition, paving the way for more specific influences, it must be held as an important one, equal to if not greater than that of any other.

Expectation of Sickness at Different Ages.—Dr. R. Southy (*Med. Surg. Reporter*, Oct. 7, 1876) gives the following table with reference to the expectation of sickness by persons of average good health, not afflicted with any ineradicable or chronic ailment:

At 20 years, calculate on 4 sick days yearly; at 20 to 30, 5 or six days; at 45, 7 days; at 50, 9 to 10 days; at 55, 12 to 13 days; at 60, 16 days; at 65, 31 days; at 70, 74 days.

Coal Gas—Case of Poisoning by Its Inhalation.—Dr. S. Lokee (*Brit. Med. Jour.*) reports a case of the above nature, with results of *post mortem* examination. The patient was a boot black, who had passed six hours in a room in which one gas jet was burning, and one discharging gas while fully open. Patient lived sixty-eight hours after he was found. Of all the remedies employed, cold affusion alone seemed to exert the slightest beneficial influence. The most noted *post mortem* lesions were congestion of the brain, the minute clots of extravasated blood which were found in large numbers throughout the brain substance, the dark claret color of the lungs, mottled bright pink spots, the distended condition of the right side of the heart, and the congestion of the kidneys.

HYPODERMIC ALIMENTATION.—Dr. Whittaker (*Clinic*, Jan. 22, 1876) reports a case of gastric ulcer, in which all ordinary modes of alimentation failed. He then gave hypodermic injections of milk, alternated with beef extract, every two hours. This treatment was continued for four days, the patient taking no food by mouth or rectum. Under it the temperature declined, the pulse became fuller and stronger, and the delirium and pain disappeared. Cod liver oil was now substituted for milk, and continued for three days longer. From this time the patient could take food by the stomach, and wholly recovered. In the progress of the case sixty-eight injections of cod liver oil were made. One day as much as four ounces of cod liver oil was introduced in eight injections.

Two small abscesses were formed from the milk—none from cod liver oil.

Dr. Krueg (*Wiener Med. Woch.*, Aug., 1875), reports a case of a lunatic, in which all other attempts at feeding being frustrated, he began the hypodermic injection of olive oil. The experiment lasted two months. The longest time of sustenance by hypodermic alimentation alone, was twenty days. The patient at last, finding he could not starve himself, consented to take food by the mouth.

Physiology.

LOSS OF SENSE OF THIRST.—Dr. Z. C. McElroy (Cincinnati *Lancet and Observer*, May, 1876) gives, as the result of his experience, observations and inquires on this subject, the following:

1. Water supply, with limits not at present well defined, is a necessary condition of healthy human life, probably depending on the extent of molecular work done—more work more water, less work less water—but not made known in many cases by the sensation of thirst.

2. A large number of human beings seemingly have not, or if they ever had, have lost the sensation of thirst for water, and, therefore, fail to take the water supply required for the healthy performance of the various functions of their bodies, and constitute a class of true hydroadipsics.

3. A prominent feature of professional investigation into the nature and causes of so-called chronic diseases should, in each individual case, include inquiries into the water supply of their bodies, and, if found deficient, make adequate provision for supplying it, either by water as water, or weak saline solutions, or vegetable infusions.

4. Like defects in water supply, in acute affections, especially fevers, frequently occur, and should receive professional attention.

MOVEMENTS OF THE BRAIN.—(*The Doctor*, Feb. 1, 1877) Sigs. Giacomini and Mosso, from observations upon the person of a woman, 37 years of age, who had lost a considerable portion of the frontal and parietal bones from the ravages of syphilis, describe the following movements of the brain: 1. Pulsations produced at each contraction of the heart; 2. Oscillations which correspond to the movements of respiration; 3. Undulations which are larger curves caused by movements of the vessels during attention, cerebral activity, or sleep.

BILIARY SALTS—THEIR ACTION.—(Lond. *Lancet*, Sept. 1876, Cin. *Med. News*, Feb. 1877), Drs. Feltz and Ritter have found that by injecting into animals small doses of a mixed solution of glycocholate and taurocholate of soda in the same proportions as in normal bile, a pathological state, lasting for five or six hours, only could be induced, which was marked by bilious vomiting, diarrhœa, a slow pulse, and a slight fall in temperature and in the frequency of the respirations. The slowness of the pulse and the diminished arterial tension were most marked soon after the injection of the bile acid, but persisted for some time after their elimination. Section of the vagi and the sympathetics did not prevent the occurrence of the phenomena. Hence they are independent of any special action on the nervous system, unless on the cardiac centres themselves. When the heat was removed from the body and allowed to imbibe the solution of the bile salts, its movements became irregular, and then ceased altogether. Ordinary muscular fibre also refused to contract in a quarter of an hour after the same solution was

dropped on it, while under a like solution of chloride of sodium, its contraction was quite vigorous and energetic after a longer interval. Thus the independence of any nervous influence was decisively shown. This special paralysing effect on a muscle at once explains the slow pulse, the weak cardiac contraction, the diminution of the arterial tension, the lowering of the temperature and the lessened number of respirations. The bile solution also retarded the movements of the blood corpuscles. In this way we have the data for more precise explanation of the effects of jaundice.

Testing the Urine for Albumen.—(Dr. W. H. Kesteven, *Lancet, Med. and Surg. Reporter*, Jan. 13, 1877).—To test urine at a patient's house without test tubes, etc., has been a desideratum, and the doctor communicates the following ready means: Take a thin glass microscopical cover, about an inch square, (of which three or four can be carried in the ordinary pocket case,) and place upon it a drop or two of the suspected urine; then with a pair of dressing-forceps hold it over the flame of a candle. While the under surface of the glass will be blacked by the smoke, the urine will be boiled so that the white precipitate, if any albumen be present, will be rendered quite evident by the black under surface. If the urine is to be tested cold, a drop or two of it is placed a little to one side of the centre of the cover, and a drop of nitric acid on the other. By inclining the glass the two will run together, and after the fumes have passed away, any precipitate will readily be seen.

Action of Remedies.

Chologogue Action of Euonymin, Sanguinaria, Iridin, Leptandrin, Ipecac, and Jalap.—Prof. Rutherford and M. Vaginal, in some experiments on the biliary secretions of the day, reach the following results: Euonymin produces active purging, without griping. Five grains of the impure resin powerfully increased the flow of bile and the intestinal secretion.

Sanguinaria greatly increased the secretions of bile, and

especially the watery portions. The intestinal secretion was also slightly increased. The doses used were one-quarter of a grain of the impure resin, formed by precipitating from the tincture, by water acidulated with hydro-chloric acid.

Iridin, from iris versicolœ, was prepared in a similar manner. In doses of from one to five grains, it greatly increased the flow of bile. It was more powerful than euonymin, but less so than podophyllin, and irritated the intestinal glands less than the latter.

Leptandrin had no appreciable effect upon the biliary secretion.

Ipecac. produced a marked increase of the secretion of bile, but no purgation.

Jalap increased the flow of bile and intestinal juice, but, in both, there was a large increase in the watery constituents.

From these facts it appears that biliary flow may occur without a cathartic effect, and vice versa.

Bromo-Hydrate of Conia.—(*Reportoire de Pharmacie, New Orleans Med. and Surg. Jour.*, Jan., 1877).—M. Mourrut states that this salt has been successfully employed in pertussis, in doses of one-twelfth grain, if necessary, every hour, for a child three years of age; or one-thirtieth grain for a child of one year, and one-sixth grain for adults. Hypodermically, in quantities of one-twelfth grain, good results have been obtained in sciatica. The pure salt occurs in colorless, prismatic needles, soluble in water and alcohol; less so in ether and chloroform; odorless, nearly tasteless and diliquescent. Exposed to the light, it turns red, but does not decompose; therefore, it should be kept dark.

Sulphites as Antiseptics.—(Dr Prosper de Pietra Santa, *Journal d' Hygiene*, Aug. 15, 1876; *Sanitarian*, Jan, 1877).—The Doctor's conclusions are all based upon his theory of "fermentation in the production of disease," and must, therefore, be interpreted according to the reader's own idea upon that subject. "Solutions of the sulphites are successfully employed:

"1st. In dressings for burns, wounds, or injuries, whenever there is any puriform exudation.

"2d. In gargles, whenever there is false membrane present on the buccal or pharyngeal mucous surface, or around the tonsils.

"3d. As a lotion for the skin in eczematous and erythematous affections, and in redness of the face, and also in the lying-in room.

"4th. As an injection in fluor albus, in dysmenorrhœa and in eruptions on the genital organs presenting the characteristics of acne."

"The conclusions to be drawn from these patient investigations are :

"1st. That many diseases—the so called catalytic—originate, primarily, in a fermentation of the principles of the blood.

"2d. Sulphurous acid has the property of preventing and arresting the fermentation of animal and vegetable substances.

"3d. The anti-fermentative properties of sulphurous acid are found, in their most useful form, in the alkaline and earthy sulphites, which are well borne by the system.

"4th. To render the presence of the sulphites still more durable in the system, and to retard their conversion into sulphites, it is necessary to substitute for the sulphites the hyposulphites of the same base.

"5th. The diseases in which the beneficial effects of the sulphites have been determined are : Affections that are characterized by a pathological ferment of some kind ; malarial fevers ; puerperal fevers ; affections arising from the absorption of purulent matter ; diphtheria ; phthisis pulmonalis, during the period of softening, and during the breaking down of the tubercles ; solution of continuity, accompanied with acrid secretions, and severe wounds and varicose ulcers."

ŒNOTHERA BIENNIS.—(*American Practitioner*, Jan., 1877). —Dr. N. S. Davis, of Chicago, highly recommends the Œnothera Biennis as a mild, but efficient, sedative to nervous sensibility, acting more especially on the pneumogastric nerve. In his experience he has found it most useful in those cases of asthma associated with chronic indigestion, or gastric irritability, where anodynes or expectorants cannot be borne on account of

the other unpleasant effects which they produce. He employs most frequently the fluid extract, in doses of twenty to twenty-five drops every four hours.

THE TOXIC PROPERTIES OF GLYCERINE.—(*Bull. Gen. de Therap. Pac.—Med. and Surg. Jour.*, Jan., 1877). 1. Glycerine, chemically pure, causes in the dog, in twenty-four hours after being introduced under the skin, deadly effects, when the dose is in the proportion of one drachm to a pound of the weight of the dog. 2. The toxic effects (acute glycerism) are comparable, within certain limits, to those of acute alcoholism. 3. The microscopic lesions in glycerism are analogous to those of alcoholism, which tends to induce the belief that the toxic effects are almost the same. 4. From a therapeutic point of view, there may, therefore, be some danger in introducing glycerine into the economy in too large quantities.

Pathology.

STRUCTURAL CHANGES PRODUCED IN THE LIVER BY OBSTRUCTED OUTFLOW OF BILE.—The *Lancet* (Dec. 1876), gives the interesting results of a series of experiments upon guinea-pigs, in which the common duct had been ligatured. The operations and examinations were performed by MM. Charcot and Gambault, of Paris. The animals were killed at different intervals after the ligature, the last surviving until the twenty-third day. Macroscopically, the organ was in all cases enlarged and indurated, of a pale yellow color, and sometimes of a nutmeg appearance. The ducts and gall bladder were distended with bile mixed with mucus. Microscopically, dilatation of the bile-ducts in the portal canals to ten or fifteen times their normal diameter was apparent, whilst the preservation of their epithelial lining demonstrated the great proliferation of this epithelium. The inter-lobular spaces were much enlarged and an infiltration of small cells crowding upon the lobules on all sides gave evidence of a peri-lobular sclerosis. The amount of these changes depended upon the length of time succeeding the operation, but in the first examined, the already present

sclerosis testified to the rapidity of the process of its evolution. The lobules themselves were but slightly modified, their change being caused by the gradual disappearance of the outermost cells in the encroaching connective tissue. MM. Charcot and Gambault consider this indurative change as depending upon bile retention. The retained bile first acts upon the mucous membrane of the ducts, irritative process extends to the other coats, to the tissue composing Glisson's capsule and to the thin connective bands that separate lobule from lobule and here occurs an accumulation of inflammatory growth causing the gradual disappearance of the cellular structure of the lobules, or a true sclerosis.

Whooping-Cough.—(*The Doctor*, Feb. 1877.)—M. Guensau de Mussy, before the Academie de Medicine, affirmed his conclusion that whooping-cough is due to pressure on the pneumogastric by swelling of the bronchio-trachial ganglia. This accounts, according to him, for the fact that the spasmodic cough follows the catarrhal period and persists for months, sometimes for years. The complete resolution of such ganglia, which are at once affected by a cold because the tendency to relapse and when the ganglia are but slightly affected, this fact accounts for the spasmodic cough being scarcely noticeable.

Variations of Urea in Disease of the Liver.—(*Archives de Physiol.* July, September and October, 1876. *London Med. Record*, Jan. 15, 1877.)—Mr. Bronasdel in his lengthy paper upon this subject, sums up his conclusions as follows:

1. In acute yellow atrophy, the urea diminishes or disappears entirely.

2. In phosphorus poisoning, although each dose of the drug causes a temporary augmentation of the quantity of urea excreted, it slowly diminishes.

3. Some pseudo-malignant cases of acute jaundice have the primary diminution of urea followed by a urinary crisis, and plenty of urea is secreted; the liver, which at first seemed to become smaller, recovers its ordinary size.

4. On simple jaundice, the urea is not diminished, some-

times it is augmented. The quantity of urea is a means of prognosis.

5. In hepatic abscess, according to Parkes, at first the urea is augmented, but this requires verification; as the liver-substance is destroyed, it diminishes although fever may be present.

6. In biliary calculus, with obliteration of the duct and destruction of liver substance, the urea is diminished, especially during the attack of biliary colic. It is also diminished in hepatic intermittent fevers.

7. In both the hypertrophic and atrophic forms of cirrhosis, the urea is diminished.

8. In the congested and hardened liver of heart disease, in the fatty liver of phthisis, and when a considerable portion of the liver has been destroyed by cancer, and hydatids, there is a marked dimination of urea.

9. Active congestion of the liver caused increase of urea.

10. Lead-colic with retraction of the liver during the attack, gives only a small excretion of urea; as the liver regains its size, the former augments.

11. Passing glycosuria is often accompanied by an increase of urea.

12. In diabetes, the excretion of urea, reaches a higher figure than in any other disease. From these conclusions, he infers that the quantity of urea depends upon:

1. The integrity of the hepatic cells.

2. The greater or less activity of the hepatic circulation.

Surgery.

OZENA AND ITS TREATMENT.—From the *Med. Record*, Aug. 21, '75, we take the following digest of a recent French work on the above subject, by A. d'Azambuja:

1. Ozena is a chronic fetid coryza,—in other words, to be a coryza there must be chronic inflammation of the pituitary membrane or of the subjacent tissues, and a fetid condition of the breath.

2. It is almost always of a scrofulous or syphilitic nature;

rarely it exists without known cause, resulting from traumatation, the presence of foreign bodies or calculi in the nasal passages, or arising from destructive lesions happening as a complication during the decline or in convalescence of adynamic fevers. More rarely still it is an evidence of herpetism.

3. There is a simple, non-ulcerating ozena and fetid coryza without ulceration. The latter shows itself in two forms, the moist and dry. It is the result of scrofula, and it is very doubtful whether syphilis plays a part in its causation.

4. There is an ulcerating ozena, without osseous lesions, caused either by scrofula or syphilis. The ulcerations of scrofula invade the superficial structures, and then the deep being more irregular than those of syphilis. Syphilitic ulcers are caused by two different processes,—first by symptoms similar to those of the skin; second, by the softening of the gummata.

5. The most serious form of ozena is that which begins in the bones, the necrotic form, and is more frequently due to syphilis than to scrofula.

6. Ozena always accompanies the affection described as caseous coyza.

7. The treatment is both local and constitutional, the latter being required in syphilis and scrofula. The best method of local treatment consists in douches and direct cauterization of the ulcerations.

Treatment of Sebaceous Tumors.—(*Med. and Surg. Reporter*, Feb. 17, 1877.)—Dr. B. Hamilton, from the success which he has had in its use, recommends the employment of strong tincture of iodine in the treatment of those tumors. No bad effects follow the injection, and no scar remains in the former site of the growth. The following points are of importance:

1. Make the puncture with a sharp pointed bistoury. The aperture should be no larger than is necessary to allow the escape of the contents of the tumor, and the admission of the nozzle of the syringe.

2. Empty the cyst of its entire contents.

3. Distend the sac as much as possible, moving the point of the syringe in different directions, so as to bring the fluid in contact with every portion of the cyst wall.

4. See that no sebaceous matter remains, indicating that a portion, at least, of the cyst, retains its vitality.

Safe and Rapid cure for Aneurism.—(*Brit. Med. Journal*, Feb. 3, 1877).—Dr. Horace Dobell, submits to surgeons a simple suggestion for the cure of aneurism. It is to stop the circulation above and below the tumor, remove the fluid contents of the latter by aspiration, and replace them by an injection of spermaceti or stearin. The latter are insoluble in blood, but solid at its temperature; fiuid at a temperature low enough to allow of their being safely brought into contact with living tissues, and changes from liquid to solid with great rapidity; and are at the same time light, innocuous and unirritating. Their rapid solidification removes any danger of active or passive clots being washed away when the blood is allowed again to flow, while the time for the operation would be so short, that no harm would result to the other tissues on account of the arrested circulation.

Diseases of Women.

Dangers of the Pessary.—(*Notta, L' Union Medicale*, Nov. 14, 1876. *Chicago Med. Journal*, Jan., 1877).—Among several reported cases were:

1st. A woman 57 years old, suffering from a prolapse of the uterus to such a degree that the organ protruded from the vulva. After the application of a pessary, which completely relieved the difficulty, she had an accidental fall, the weight of the body coming directly upon the instrument, which produced great pain, and which was followed, in a few days, by an incontinence of urine. On examination, the instrument was found in the bladder, and, after the extraction of the former, considerable loss of tissue ensued, and a permanent vesico-vaginal fistula.

2d. A woman 35 years old, for some slight uterine disorder, coming on six months after the birth of her ninth child, had a Gariel pessary applied by a charlatan. This was followed by a very severe vaginitis, accompanied by a profuse and very fœtid muco-purulent discharge, whose abundance and horrible odor—no aid being obtained from the quack's treatment—caused the woman to seek Notta's advice. He discovered an abscess, which perforated the abdominal wall, leaving an intractable fistula.

3d. A third woman, suffering from a granular endo-cervicitis, which was progressing towards cure under Notta's care, was persuaded by a friend to consult the same charlatan as the last patient. He again applied a Gariel pessary, and when Notta was called, in six months, to the same patient, he found her dying with a peri-uterine phlegmon, peritoneal inflammation and abscesses. The surgeon instituted judicial proceedings against the malefactor.

Pathology of Membranous Dysmenorrhœa.—(*Arch. f. Gynek., Bd. IX. hept.* 1, 1876. *Brit. and For. Med. Chir. Rev.*, Oct., 1876).—Dr. Biegal, whose competency, in every respect, to speak upon this subject no one can gainsay, regards the affection as an exfoliative endometritis. It is essentially characterized *(a)* by the expulsion of a membrane at the time of menstruation, and *(b)* by the expulsion of this membrane at indeterminate intervals, or recurring every month.

This exfoliative endometritis can and does exist without dysmenorrhœa. Nor is the expelled membrane the consequence of a very early abortion; but the affection may be the cause of sterility or abortion. It is not rare, moreover, to find it in virgins, and sometimes a monthly expulsion of a membrane has even been observed.

The affection is not specific; it comes on after primitive, or secondary endometritis. It is frequently connected with very different diseases—general diseases, such as cholera and phthisis; uterine diseases, such as flexions, and particularly retroversions; chronic metritis; tumors, especially fibroids and polypi, and

mechanical irritation. The principal anatomo-pathological characteristic of the disorder is the formation of the membrane, and the latter's expulsion during menstruation, or metrorrhagia, or the uterine contractions which coincide with them, is but a consequence. The microscopical characters of the membrane are as various as the causes; but all specimens, however, have a common character. They are separated from the subjacent mucous membrane by a fibrinous layer, containing five round cells. They are formed, sometimes, by hyperplasia of the normal elements of the mucous membrane; sometimes by degeneration or destruction of its parts, glands and epithelium; sometimes by the production of embryonal elements; and, lastly, sometimes they contain round cells, flattened epithelium, and embryonal elements at the same time.—(*Amer. Journ. Med. Sciences*, Jan., 1877).

Editorial.

NOTICE TO CORRESPONDENTS, ETC.—Communications intended for publication, and books for review, should be addressed to "Editors of Detroit Medical Journal, care of E. B. Smith & Co., Detroit."

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Original Articles, Reports of Medical Societies, Observations, Correspondence, News, etc., of general interest, are respectfully solicited from every source. Articles should be practical and carefully prepared.

The Editors will not be responsible for statements made over the names of contributors.

Meeting of the Medical Alumni of the University.

The annual meeting of the Alumni of the Medical Department of our State University was held at Cook's Hotel, Ann Arbor, on the evening of March 27th. The gathering was eminently successful, both as regards the number in attendance and the spirit which pervaded it. For real good fellowship and spontaneous joviality it stood in marked contrast to the meeting of last year, and demonstrated the fact that when extraneous matters are eschewed and these alumni are permitted to carry our the legitimate object of their annual reunions, they are as wholesouled and good-natured a lot as can be found, the impression which last year's meeting conveyed, to the contrary not-

withstanding. In addition to the alumni there were present at the meeting, by invitation, a number of representative medical men from different parts of the state.

The meeting was conducted by the President of the Alumni Association, Dr. Henry F. Lyster, who delivered the following pithy and characteristic address:

Fellow-Alumni of the Medical College of the University of Michigan:

We have returned once again to the honored precincts of our alma mater, as the children of the household come back to celebrate some annual festival, to renew the family ties and to strengthen the bonds of love which bind them to their home. The young man with his activity and enthusiasm, the man of middle age in his strength, and he whose silvery locks are growing thin, and whose stooping form is gently yielding to the weight of advancing years, have come up from the busy turmoil of the city, and from the tiresome and laborious country ride to strengthen the hands and warm the heart, and bring comfort to the dear old mother, and to receive in return her blessing.

We are in sympathy here as we look back over the long intervening years since we left these halls with the remembrance of one who recalls his childhood's home, in the beautiful words of the genial Hood:

"I remember, I remember
The house where I was born,
The little window where the sun
Came peeping in at morn;
He never came a wink to soon,
Nor brought too long a day,
But now I often wish the night
Had borne my breath away!"

From the college window the great, bright world which lies without is full of shining hopes and golden possibilities, but when in after years so many among us have failed to realize those opportunities, and foot-sore and weary have returned to the shelter of the old home, we appreciate the full sentiment of the verse.

We have come back that we also may be encouraged and strengthened by a more intimate association with the college to which we already owe so much. In her we have as safe a counsellor as we had twenty years ago. The lessons which have been set before her have been learned, though it has been at the expense of sore distress and great anxiety. The battle axe has penetrated the joints of her armor, and the iron has been driven into her very soul, yet she not only survives, but is able to hold up to the world her standard upon which is inscribed the talismanic motto, "Dare to do right." All honor to the grand army of the profession who, when they saw the watch-fires kindled on the mountains, rallied to her support, and came up with the war cry, "Hold the fort!"

I do not wish to arraign any of the many and various dogmas and peculiar tenets of the so-called schools of medicine. I do not wish to criticise the people for holding to all sorts of medical opinions, for they have in all historic times done so, and probably will continue to do so to a greater or less degree, as they will in matters concerning religion and politics; but I do wish to let it be known and understood that the alumni of the Medical College of the University of Michigan are marshalled with the battalions who stand for scientific instruction and rational investigation as the foundation of the armamentum of their knowledge, and who oppose dogmatic teaching, come from what source it may.

We stand by no medical traditions; we hold to no theories; we demand no belief; we ask no sympathy; we offer no offense; we do not call here for justice. We hold to one principle and upon that rock we build our house, and though the storms blow around it and the rains fall in torrents, and the lightning strike and the thunders shake it, yet it will stand securely, for its foundations have been laid upon scientific truth.

Truth will endure through all time; it cannot be eradicated, it will prevail.

I do not wish to be understood as saying that the medical opinions as taught and held to-day by our alma mater are all true, and may not in many, very many, instances be found to have been incorrect, and others be substituted in their places, and some of these be at some future time found equally erroneous. Scientific knowledge is only attained by thought and experiment and investigation and reasoning upon the experience developed from these. As in the past the wrecks of medical theories, in fearful numbers, are to be found bleaching along the coasts of time from the days of Esculapius to the present; so in the future will many a fair bark be launched into its ocean to sail buoyantly for a while, with all sails spread, but finally to go down to join the ghastly train of those who could not steer the Scylla and Charybdis of experience.

May it not be thought presumptuous in me to state that I believe that each and every one of those medical theories, wrecked though they may have been with their precious freight of tens of thousands of lives to answer for, whose unappeased manes warn us to consider well their most untimely taking off, was of some use and of permanent benefit to the profession by serving to place the study of medicine upon a scientific basis.

If, as now seems probable, the so-called pseudo-systems of medicine are here to come into comparison and competition with rational and scientific medicine, let us not advise our alma mater to shield herself behind any technicalities, or consult personal or professional taste or sentiment, but boldly to advocate the principles and practices developed by scientific investigations; and relying upon these alone, continue in the future as she has in the past, to stand up for the profession represented by them.

As the great Republic, assailed with false doctrines and threatened with destruction, buckled on her armor and unfalteringly waded through blood and the valley of death while maintaining the cause of popular government and personal liberty, the most noble and glorious cause for

which the sword has ever been drawn since the world began, and came forth from the contest stronger and more worthy of our love and of the respect of all nations, so may our alma mater now, in the hour of her extremity, marshal under her banners not only all of her old commissioned alumni, but volunteers from the whole profession of the Union, and defend the principles of legitimate medicine against all those who seek to overturn the purity of her teachings, and engraft upon her the ephemeral theories of whatever plausible sect may at one time or another be upon the surface, and enable her to continue triumphant upon her course.

I do not believe that this contest will cease with the overturning of any of the many peculiar and ingenious theories now advanced. None now hold a bolder front than did Thompsonianism or hydropathy 40 years ago. As one disappears another will be brought forw2rd into the arena, and error, hydra-headed, will again do battle.

It is in war that science has always conquered. The doors of her temple of Janus have been always open; her Galileos have at times been forced, by the inquisition of the enemy, to declare that the earth is flat and does not move, but it *is* round and it *does* move; and thus has she fought error of opinion, and ignorance, and false religious doctrines, and false government, and untenable medical theories, and practices, and so she will continue to the end of time.

We greet the graduating class and welcome its members to our ranks. If we notice the apparently advanced literary attainments of its members we do not wish to speak disparagingly of those which have preceded it, but to compliment it and the college upon the fact that those who today take up the profession, have already taken advantage of the opportunities now offered in the whole Northwest of an advanced education.

Thirty years ago the first rays of the higher education were just beginning to stream by the peaks of the Alleghaneys into the great valley of the Ohio and the Mississippi, but now the whole central continent is filled with institutions of learning, and education in its larger and more complete sense is offered on every hand, and at this University of Michigan, we are proud to say it, without money and without price.

When has a class entered the profession in a more propitious decade concerning the opportunities which are within its reach, with the microscope, the thermometer, the ophthalmoscope, the speculum, but recently adapted and handed to the busy, studious worker, with no controlling theories to warp its views and be a drag upon the wheels of its advancement?

We envy you your youth, your aspirations, and taking you by the hand may truly say, "how much more elder art thou than thy looks."

At the table, after a very admirably gotten up supper had received proper justice and given proper satisfaction, the following toasts were responded to:

University of Michigan:

Response by Regent Rynd—who stated that it was the ambition of the regents to make the University in all of its departments worthy of the support, confidence and sympathy of its alumni. Referring more particularly to the medical department he stated that in the changes which had been recently made no professional rights had been bartered away. Clouds had for a time hung over that department, but these, he as an alumnus and as a citizen of this proud State, was glad to say were clearing away. He had every assurance that the legislature would second the efforts of the regents to place this department in the van of the medical colleges of the country, by making the necessary appropriations for carrying out the plan which had been agreed upon to accomplish that end. The University hospital is to be improved so as to furnish first class clinical advantages. Two hundred and fifty four persons had been treated in this hospital during the past year; of these *forty* had been *successfully* operated on for cataract—a work of charity in itself demanding the admiration of humanity. The lecture course in the medical department would hereafter be extended to nine months. In this department the University of Michigan takes the lead and will have been seconded at next session by Harvard alone of all the medical schools of this country. Under the standard of preliminary requirements which was already in force, the class of the present year was of a superior order of excellence, and he felt confident that as the motives of the University authorities became better understood, the better class of men, not only of this State but also of other States, would rally to their support.

Our Alma Mater:

Response by Dr. J. C. Willson, of Flint. Nearly a quarter of a century ago he came from Canada a green boy, with little money and few friends, to pursue his medical studies at this, then young, institution. He regretted that since he had left her a graduate, this was his first return to his Mecca. Although his visits were thus few, he had, however, not forgotten his Alma Mater. He was proud of her and rejoiced with his fellow alumni in her great prosperity. Although, homœopathy, a legalized prostitution, had been forced upon her, he loved her still and considered it his duty to stand by her. He thought, moreover, that the ends justified the means and that the present arrangement would prove to be the most disastrous that could befal the false system. The only way to overcome error is to combat it with truth. As wickedness is most successfully met by good example, so is ignorance most surely dispelled by the light of science.

The doctor closed his remarks with the sentiment:

The Faculty of Medicine and Surgery in the University of Michigan —may they always remain loyal to our Alma Mater, and never surrender their positions of honor and trust to their enemies, but fearlessly stand by their colors and continue to teach as they have hitherto done, the true science of medicine, adopting as their motto, "liberty to all and oppression to none."

The Medical Profession of Michigan:

Response by Dr. Brodie, of Detroit. The Doctor had attended the first commencement exercises of the Medical Department of the University, and had since that time watched with a jealous eye her interests. The profession of Michigan is largely composed of the graduates of the University, and it becomes them to stand by their Alma Mater, which they may do with pride, seeing that her graduates vie with those of the most renowned schools of this country. They should stand between her and her enemies, and not cowardly desert her in her hour of tribulation. He believed strongly in State education of physicians; it is as much the duty of the State to teach how disease may be cured as to teach how it may be prevented.

The Medical Press:

Response by Dr. Mulheron, of Detroit.

Ann Arbor—the Athens of the Northwest.

Response by Dr. W. F. Breakey, of Ann Arbor, who compared the Ann Arbor of a quarter of a century ago, when he first saw it, with the Ann Arbor of to-day, with its vast institution of learning, which is the pride of the State and an honor to American education. He was pleased to see the Alumni Association in such a flourishing condition; its formation had been long deliberated. He believed the Alumni had never failed in their allegiance to their Alma Mater.

The State Medical Society:

In the absence of Dr. Sager, who sent a letter regretting his inability to attend, Dr. E. S. Snow, of Dearborn, responded. The Doctor dwelt on the great necessity of frequent gatherings of medical men. He had seen nearly thirty years of country practice, and had in that time had met many country doctors, among whom he had found men of great natural ability and sterling manly worth; but with all this it did them good to return betimes to the seats of learning and to the annual gatherings of the profession, where they might meet and converse with men of culture. He paid a high compliment to the medical men of Michigan, and attributed their superiority largely to the influence which our noble State University exerts. He had sent

students to this great institution, and he was proud of their achievements.

The Practitioner of To-day:

Response by Miss Vale—who interpreted the call for a response from her as a token that the women were welcomed as co workers in this noble profession. She gave her conception of what the requirements of the practitioner of to-day must be if he would achieve success. He must have breadth of culture, the scientific attainments of the man of science, the zeal of the divine and the tact of the lawyer.

Public Health:

Response by Prof. A. B. Palmer. After stating to what extent he had been instrumental in organizing the State Board of Health, and descanting on the great hopes he entertained of its usefulness, the Professor digressed to vindicate his position on the homœopathy question.

Our Latest Arrival—the Class of '77:

Response by J. E. Clark, of Norwich, Ontario. He was of the number who had well-nigh passed through the period of incubation, who had already chipped the shell and expected on the morrow to emerge full-fledged M. D.'s. This was the first class of graduates in the United States that had been subjected to the ordeal of a preliminary examination, and had the proud distinction of being the best average class graduated from their Alma Mater. He quoted from Scripture to show the estimation in which physicians were held in Bible days. Then, as now, their calling was in turn praised and lightly spoken of. In Ecclesiasties we find: "The skill of the physician shall lift up his head, and in the sight of great men the state shall be admired;" and this is offset by the passage in Kings, where we find, in referring to the end of the reign of King Asa, it says: "And Asa was troubled with a disease of the feet, and in his distress he sought, not God, but the physicians, and Asa slept with his fathers, and was buried in the temple of Jehosaphat." Quite a malignant joke at the *regular profession*, for we have every reason to believe that when Asa deserted the Great Physician he engaged a member of the regular profession, for, strange though it may appear, we do not find homœopathy alluded to *directly* in the whole sacred writings.

This ended the regular toasts, and the following volunteer sentiments were proposed:

The Ladies: Response by Prof. E. S. Dunster.

Specialties in Medicine: Response by Dr. C. Henri Leonard, of Detroit.

The Medical Profession of Canada: Response by Prof. D. Maclean.

American Medical Association: Response by Prof. Frothingham.

The following are the officers elected for the ensuing year:

President—J. C. Willson.

1st Vice-President—Wm. C. Fisher.

2d Vice-President—H. Williams.

3d Vice-President—Edward Twiss.

4th Vice-President—W. H. Rouse.

5th Vice-President—A. H. Vandervort.

Secretary—Conrad Georg.

Treasurer—A. B. Prescott. J. J. M.

Obituary.

Died, at Ann Arbor, March 31st, DR. HENRY S. CHEEVER, late Professor of Materia Medica and Therapeutics, and of Physiology, in the University of Michigan, and of Physiology, in Long Island College Hospital. Aged 40 years.

Departed! the kind friend, the sympathetic physician, the profound scholar, the indefatigable student, the good man.

Although almost daily expecting to see the notice of his death in the public print, the announcement when it actually did come, came with a shock and fell like a pall over a large circle of warm friends and enthusiastic admirers. Few there are who knew Dr. Cheever in whom the above notice has not caused a pang, for none knew him but to honor and respect him, or who knowing him at all intimately, did not love him. There are many scattered abroad through this land whose relations to him were peculiarly intimate, whose privilege it had been to sit at his feet in their student days, and thus to feel the fond drawings of that magnetism which distinguished him; to such the news of his death will come as that of a brother's.

Dr. Cheever was born at Exeter, Otsego County, New York, August 8, 1837. When seven years of age he removed with his parents to Geneva, Kane County, Illinois, where he spent his boyhood days on a farm. In 1856 the family removed

to Michigan, and in 1859 settled at Ann Arbor, which place was from that time to the time of his death, Dr. Cheever's home.

Having prepared himself for the University at Tecumseh, in this State, he entered the literary department, from which he graduated with a bachelor's degree in 1863. In the following year he finished a full course in the laboratory, having paid more than the usual attention to chemistry during his arts course, and graduated from the medical department in 1866, immediately after which he entered upon the active duties of the profession at Ann Arbor, and soon succeeded in building up a large and lucrative practice.

In 1867 he was appointed Demonstrator of Anatomy in the University, and in 1868 received the appointment of lecturer on Materia Medica and Therapeutics. In the following year, having given sufficient proof of his competency to fill the position he received a full professorship. In 1872 Physiology was added to his chair, and during the same year he was made Professor of Physiology at L. I. College Hospital.

It will be seen that his preferment was very rapid, and Dr. Cheever was not the man to allow anything he undertook to prove a failure, if close study and untiring industry could prevent it. It was under these accumulated labors that his health commenced to give away. On one occasion the writer reasoned with him to dissuade him from the overwork which was running him down, buthe refused to believe that anything but "a little dyspepsia" ailed him, and failed to take warning until the evidences of pulmonary phthisis were painfully manifest.

In the spring of 1873 he was granted a two years' leave of absence by the Regents, and sought the climate of Colorado. For a time his general health improved, but his lung complication was not appreciably benefited and feeling convinced that climato-therapeutics could do no more for him, he returned home at the expiration of the two years. During the session of 1875-6 he again undertook to lecture, but, after delivering but a part of his course, he found that he could hold out no longer

and was compelled to give up. From that time he retired from all active duties and calmly and resignedly awaited his end. His knowledge of his disease deprived him of that false hope of recovery which deludes and buoys up the consumptive, and with heroic fortitude and Christian resignation, he watched the workings of the inevitable, abstaining from all medication, save a little of the purely palliative.

In the death of Dr. Cheever our profession has lost one who, had he been spared, would have been one of the few who stand out from among the rest as bright and shining lights. He was a marvel of application and perseverance in the pursuit of knowledge; but while his life afforded an illustration of what work can accomplish, his untimely death carries also a lesson which the student should not pass by unheeded, and that is that the amount of work undertaken should not be out of proportion to ones power of physical endurance; there is a limit, to pass which, is incompatible with the greatest good one may accomplish.

As a lecturer Dr. Cheever was not brilliant, in the ordinary acceptation of the term. He had none of those tricks of oratory under which is frequently hidden the speaker's ignorance of the subject which he essays to teach. He seldom enunciated a proposition which he was unable to verify from his own experience. He was an original worker, taking little for granted, and endeavoring, in so far as his time and opportunities would permit, to supplement the teachings of the books by experiments conducted by himself or under his own supervision. His graduation thesis on "Catalysis" was founded on his own experiments, and brought out points which had not previously been made, thus giving unusual promise of future distinction, even ere he had as yet entered the profession. Later on, he conducted a series of experiments for the purpose of demonstrating the influence of alcohol in modifying the temperature of the body. The experiments were very thorough and the deductions quite important from a therapeutic point of view. They were published in full in the *Michigan University Medical Journal* of November, 1870. His lecturers on Physiology were liberally

illustrated by successful vivisections. The writer attended his first course of lectures on Materia Medica and Therapeutics, and well remembers the thoroughness with which he treated the subject, notwithstanding the fact that he had been called to fill the chair but a few weeks prior to the opening of the term.

Dr. Cheever was married in 1863, to Miss Sarah E. Bissell of Tecumseh, Mich., whom, with two children, he leaves to mourn his loss.

At a meeting of the faculty of the college of Medicine and Surgery held April 3, the following preamble and resolutions were unanimously adopted:

WHEREAS, God has taken by death our former associate in this faculty and graduate in the University, both in the departments of literature and the arts and in medicine, Dr. Henry S. Cheever;

Resolved, That in him the University of Michigan sustains the loss of a son of most ardent devotion and most able service —one whose name is enduringly written in filial works of sterling worth. In him learning leaves a bright and favorable promise for fruitful labor, and medicine finds the early interruption of labors already ranking high in honorable esteem. He brought to the uses of medical education a clear mind, a direct force and a tireless energy. The intensity of his purpose may be plainly read in the results of his life, and has been too surely attested in the sorrowful event of his death.

Resolved, That under the sorrow of this event we join with the medical *alumni* of the University, in placing the tribute of the tenderest and most grateful respect, and in asking the consolation that comes in trust of the divine approval, "Well done, good and faithful servant."

Resolved, That we tender to the family and relatives of the deceased our most profound sympathy in their great bereavement.

J J. M.

Bromhydric Acid and its Authorship.

This late addition to our materia medica has received numerous favorable notices in the medical press, and may now be regarded as a fixture in therapeutics and as fulfilling the predictions of its author concerning it. It is claimed for it that its effects on the nervous system are identical with those of bromide

of potassium, and that it possesses the additional advantage of being readily combined with several agents, in connection with which its action is desirable, but with which the potassic bromide does not readily combine, as quinine, for instance. It was to secure an agent which would counteract the disagreeable effects of quinine that led its author to undertake the experiments which led to its production.

It is more particularly our object here, to correct an impression which has obtained concerning the authorship of this agent. Writers in some of the medical journals give Dr. J. Milner Fothergill, of the West London Hospital, the credit of its discovery. This, however is a mistake. Dr. Fothergill has abundantly tested the article and gives it his endorsement, but in his report of its use (*British Medical Journal*, July 8, 1876) he lays no claim to the honor of its discovery, but places that where it properly belongs, to Dr. D. W. C. Wade, of Holly, Michigan. The article was first given to the profession by Dr. Wade in the *Peninsular Journal of Medicine* of February, 1875. The doctor first prescribed it in May, 1874, which was undoubtedly the first time it had ever been ordered. Since that time he has prescribed several gallons of it with the most gratifying success in relieving the cerebral effects of quinine. In addition to this it is useful in other directions, as the article by Dr. Wade above referred to, suggests: "Effects may be expected from the acid that are not obtained from the bromides. For instance it appears to affect the stomach similarly to the other mineral acids—increasing the appetite, aiding digestion, and acting as a general tonic —therefore having a wide range of applicability. Bromine is known to be a powerful antiseptic, and its hydrogen acid, combined with quinia, cannot be too much extolled in septicæmia. The acid is a powerful refrigerant and sedative, administered with syrup in fevers, with which, among other combinations, may be made the bromide of mercury as an alterative. In fact the acid alone is a powerful alterative. It will be seen that bromhydric acid, with these therapeutic properties, ought to establish for itself a position in the materia medica that will entitle it to recognition by the whole profession; yet, to-day, it

has never been used, to my knowledge, by any physician but myself."

The following is the formula which Dr. Wade employs for the preparation of the article:

℞ Bromide of potassium..... ..... 120 grs,
Crystallized tartaric acid ....153 grs.
Water..... ....one fluid ounce.

Mix and agitate until the potassium salt and the acid are dissolved and the precipitation commenced. Set aside in cold water twelve hours and decant. One part of the bitartrate of potassium that forms is soluble in one hundred and eighty parts of water, so that the result is not strictly pure acid, but for therapeutical purposes it is sufficiently so. In this formula each fluid dram contains ten grains of bromine. The usual dose is a half dram, although there is no reason why the amount might not be safely much exceeded. J. J. M.

To Correspondents.

It becomes necessary for us to remind our correspondents, and more particularly, perhaps, those secretaries of societies who favor us with society proceedings, that in medical journalism, as elsewhere, brevity is the soul of wit. As much thought in the fewest possible words, is the demand of the times. Few correspondents relish having their communications tampered with, and most would prefer to do their own boiling down, to having us subject their articles to that culinary process; and if we interpret correctly our own feelings on the subject, we should much prefer to have them conduct the operation. What we want, and what our readers want, are facts. *Verbum sat sapienti.*

Memoranda.

The State of Pennsylvania has given another one hundred thousand dollars to the Jefferson Medical College.

The annual death rate for the city of Lansing, Mich., per 1,000 was, for January, 1877, 10.47; February, 1877, 8.64; March, 10.35.

A solution of nitrate of silver in nitro-muriatic acid, ʒi to ℥i, and applied with a fine brush, is recommended as an efficient application for the destruction of warts.

The twenty-eighth annual session of the American Medical Association will be held at Chicago, Ill., on Tuesday, June 5th, 1877, in Farwell Hall, at 11 A. M.

A new edition of the United States Dispensatory is announced. Dr. Geo. B. Wood has revised part first, and Dr. H. C. Wood the remainder. aided by Prof. Bridges.

A Providence (R. I.) hospital has been sued for malpractice in the treatment of a finger after amputation. A verdict against it has been rendered to the extent of $10,000.

William Wood, the widely-known publisher of medical books, died April 9th. For nearly fifty years he was actively associated with the interests of American medical literature.

In Abyssinia the raw and still quivering cow's flesh is looked upon as the greatest delicacy. As a consequence, almost every one carries a tape-worm factory in his intestinal canal.

Dr. John E. Lockridge, of Indianapolis, recommends the following in doses of a dessert spoonful in water every hour as next to an infallible cure in functional headache: Potas. Bromidi ℥ij; Tr. Aconite Rad., ʒj; Aq. Dest. et Syr. Simp. aa ℥ij.

The Michigan State Medical Society will begin its eleventh annual meeting at Battle Creek, Wednesday, May 9th, at 10 A. M. Papers, reports and discussions of unusual interest are expected.

It is believed that of the human race sixty millions drink coffee; five hundred millions, tea; four hundred millions use opium; five hundred millions, alcohol, and seven hundred millions, tobacco.

The Rev. Dr. Muhlenberg, the founder of St. Luke's Hospital, New York City, died April 8th, aged 81. Owing to his rare talents and faithfulness, every enterprise in which he engaged was a success.

The *Medical Eclectic* of March contains a long biographical

sketch, with portrait, of Dr. J. Marian Sims. Next in turn should come the *Medical Investigator*, the leading homœopathic journal of the Northwest.

Dr. C. Henri Leonard, of this city, has received a cash order for 500 copies of his Vest-pocket Anatomist, from Balliere, Tindall & Cox, of King William st., Strand, London, England, who have also purchased the exclusive right of sale of the admirable compendium in Great Britain and Ireland.

G. P. Putnam's Sons announce a new work, by Dr. Wm. A. Hammond. It will discuss the "Influence of the Maternal Mind Over the Offspring During Lactation and Pregnancy." Having shown what this influence is, and the mechanism of its operations, the Doctor will devote a section to the consideration of many points relating to ante-natal education.

The same publishers state that a new work by Dr. Mary Putnam Jacobi is nearly ready. The title is "Rest for Women During the Period of Menstruation." It will contain 50 illustrations of sphygmographic traces, showing the variations in arterial tension, and tables giving the results of 250 urea analyses of urine.

"Thoroughly annoint the patient twice daily with sulphur ointment. Give five to ten grains sulphur in a little jam three times a day. Sufficient sulphur must be burnt (on a hot shovel) to fill the room with sulphurous fumes, which, of course, are thoroughly inhaled by the patient," is, upon the authority of Mr. Pigeon, in *London Lancet*, very successful treatment for scarlatina.

A meeting of the Provincial Association of American Medical Colleges will be held at the Palmer House, Chicago, on Saturday, June 2d, 1877, at 10 o'clock A. M. All colleges represented at the meeting of the Association held in June, 1876, are invited to send delegates to the ensuing meeting, and all chartered medical colleges in the United States recognized as "regular" by the colleges already represented in this Association, are also invited to send delegates from their Faculties to the said meeting. J. B. Biddle, M. D., *President.*

Dr. Preismann has observed that, for about six hours after coitus, there is a peculiar odor in the breath. Both sexes, at all ages, present this phenomena. In some persons it was noticeable at a distance of six feet. So positive is the doctor of the reliability of his observations that, if it be absent during the above length of time in one charged with rape, he positively affirms the innocence of the accused. The odor is, probably, from a peculiar secretion of the buccal glands.—(*Med. and Surg. Reporter*).

Dr. Farr has made some curious calculations as to the yearly value of a human being, *as a producer*, at various ages. His estimates are based upon the agricultural classes of Norfolk, England. The prospective labor of an infant at birth is worth twelve and one-half dollars; a child aged five years is worth one hundred and thirty dollars; aged ten, two hundred and seventy dollars. The maximum value is attained at twenty-five, and is equal to six hundred and fifteen dollars per year. At fifty, it is reduced to three hundred and fifty-five dollars, and so on to seventy, when it is only two dollars and one half per year. At eighty, the value is one hundred and two dollars less than nothing.

Meterological Report of Detroit for March, 1877.

BY C. HENRI LEONARD, M. D., OBSERVER FOR STATE BOARD OF HEALTH.

BAROMETER.—Highest, 30.386; lowest, 29.103; range, 1.283; daily mean, 29.997.

THERMOMETER.—Highest, 50 (this was on the 31st); lowest —2 (this was on the 17th); range, 52; mean, 26.7. The lowest temperature for our preceding Marches have been—7 for that of '72; 1, for '73; 12, for '74; 0, for '75; 7, for '76. It is the lowest mean temperature by from 2 to 8 degrees for any March since 1872; hence, an unusually cold month.

WINDS.—Prevailing direction has been N. E. (the prevailing direction for the preceding Marches has been N. W.) The maximum velocity was 28 miles per hour. Total number of miles traveled, 5,867—less by from 400 to 2,100 miles of previ-

ous Marches. "Calms" were observed on the 9 P. M., observations of the 17th, 19th and 27th; and at the morning observations of the 20th and 30th. On the whole it has been a "calm" month.

CLOUDS.—No. of clear days, 6; cloudy, 12; fair, 13; rain or snow, 23. On the 27th, 28th and 29th, there were no clouds visible at any of the observations. A very unusual occurrence for three cloudless days to be together. *It has been an unusually stormy* month. In '72 we had 10 stormy days; in '73, 15; in '74, 13; in 75, 18; in '76, 20.

RAINFALL.—Total precipitation, 5.43 inches. Greatest daily fall, 1.13 inches (this on the 12th). This has been a *very wet* month, almost double the usual amount of rain-fall. The total precipitation for '72 was 1.22 inches; for '73, 1.79; for '74, 1.55; for '75, 3.00; for '76, 5.50 inches.

MOISTURE.—Maximum amount present (as well as day of greatest daily average) on the 2d; there were then present 3.25 grains to each cubic foot of air, or daily average of 2.80 grains. This was not the day of highest temperature, or highest "relative humidity." The day of highest "relative humidity" was the 12th; the "absolute humidity" this date was 2 grains to each cubic foot of air. On the 17th, when the "relative" humidity was 60 per cent. the "absolute" was so nearly absent as to be incomputable. *Vice versa* on the 29th, when the "relative" went but 20 per cent. (the lowest recorded, I believe, in the past year), at the 2 P. M. observation, the "absolute" was 1.51 grains to each cubic foot of air, showing conclusively the truthfulness of my statements before made "that the "relative" and "absolute" humidity are *entirely* independent of each other." It may seem that my many reiterations of these statements is getting rather "stale;" but as I have been pretty warmly opposed in them, when pronouncing them before a medical society on two different occasions, I think it no more than right that I should give these many prominent examples that go to support my assertions. In *no case* has the highest, or lowest "absolute" humidity corresponded with the highest or lowest "relative humidity."

OZONE.—The day of greatest amount, the 21st; the paper

was discolored to 2 of the scale at both the morning and afternoon observations. The day following, and the day preceding there had been only traces. It is a noteworthy fact that this great developement of ozone in the atmosphere followed (and was the direct result of) the singular electrical storm so graphically described further on by Theo. V. Van Heusen, of the U. S. Signal Service.

FROSTS occurred on the 1st and 20 insts.

REMARKS.—At 7.30 P. M., of the night of the 9th inst., there was observed an aurora, the first observed at the station since the brilliant one of July, 1876. It appeared in the northwestern sky and consisted of an arch of light having an azimuth of 30 degrees and an altitude of 20. It appeared brightest at 9 o'clock and disappeared, by a gradual fading away, by 11.30 P. M. The arch was stationary and there was a complete absence of the luminous, slender, darting beams common to auroras observed in these latitudes. The color of the aurora varied, at times, from a pale, greenish blue to a reddish yellow. This aurora was generally observed throughout the northern portion of the United States.

On the 20th inst., at 6.10 P. M., there occurred a storm which, for the remarkable features connected with it, is unparalleled in the records of this station. During its continuance heavy rain, hail, snow and sleet followed each other in rapid succession, while the electrical display was most brilliant. The cause of this storm is accounted for by the fact that for some ten days preceding the storm there had been a succession of mild polar waves moving down from the N. W. and during the same period a warm current, highly charged with atmospheric electricity, moving from the S. W. These two currents, one of cold, dense dry air, the other of warm, light air and containing a large amount of vapor met somewhere in the neighborhood near the S. W. portion of Minnesota. The warm air being lighter ascended to the upper atmosphere, carrying with it the vast amount of electricity it contained. The cooler air clung to the surface of the earth and this double current moved rapidly eastward, continuing on its course to the Atlantic seaboard, where its greatest violence was felt.

The display of cautionary storm signals for the season of 1877–8 has commenced.

WORLD'S FAIR MEDAL,

PHILADELPHIA, 1876.

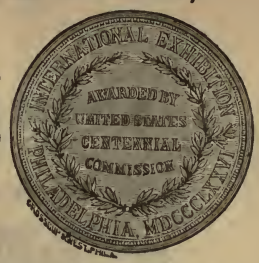
First Prize awarded for **Sugar-Coated Pills**, or Pills of any description, over all competition.

To Wm. R. Warner & Co.,

PHILADELPHIA, PA.,

REPORT FOR

"SUGAR-COATED PILLS."



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"The pills of **PHOSPHORUS** are worthy of special notice. The element is thoroughly diffused and subdivided, yet perfectly protected from oxidation."

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{ Pll., Hydrarg., 1 1-5 grs.
Pulv. Aloes, Soc., 1 1-5 grs.
Pulv. Jalapæ, 1 1-5 grs.
Ant. et Pot., Tart., 1-50 gr. }
Dinner (Lady Webster's)....3 grs.
{ Pulv., Aloes, Soc., 1 4-5 grs.
Pulv., Mastiches, 3-5 gr.
Pulv. Rosæ, Gallicæ, 3-5 gr. }
*Emmenagogue
{ Ergotin, - - 1 gr.
Ext., Helleb., Nig., 1 gr.
Ferri, Sulph., Exsic., 1 gr.
Aloes, Soc., Pulv., 1 gr.
Ol. Sabinæ, 1-4 gr. }
*Ergotin....3 grs.
Ferruginous (Bland)....3 and 5 grs.
{ Ferri, Sulphas.
Potassæ, Carb. aa }
*Grindella Robusta Extract....3 grs.
*Guarana Extract (Paullinia)....3 grs.
*Henbane, Extract....1 gr.
Hepatic
{ Pll., Hydrarg., 3 grs.
Ext., Coloc. Comp., 2 grs.
" Bellad., 1-4 gr. }
Hooper's....2½ grs.

Hypophosphites, Compound
{ Calcii, Hypophos., 1 gr.
Sodii, " 3-4 gr.
Potassii, " 1-2 gr.
Ferri, " 1-4 gr. }
*Iodide of Iron (Blancard's formula)....1 gr.
Iodoform....1 gr.
Iodoform and Iron....2 grs.
Ipecac & Opium (Dover's Powder, U.S.) 2½ grs
Ipecac & Opium (Dover's Powder, U. S.) 5 grs.
Iron by Hydrogen (Quevenne's)....1 and 2 grs.
Iron, Citrate and Quinine....1 and 2 grs.
Iron, Proto-Carb. (Vallet's Mass.) 2 grs. & 3 grs.
Iron, Proto-Carb. (Vallet's Mass.)....5 grs.
*Iron, Proto-Chloride....1 gr.
Iron, Quinine and Strychnine
{ Ferrum, Redactum, 1 gr.
Quiniæ, Sulphas, 1 gr.
Strychnia, 1-60 gr. }
Laxative (Cole's)
{ Res., Podophylli, - 1-10 gr.
Hydrarg., Chlor., Mite, 1 gr.
Ext. Col. Comp., pulv., 3 grs. }
Lime, Lacto-Phosphate....5 grs.
*Mercury, Bin-Iodide....1-25 and 1-16 gr.
*Mercury, Prot-Iodide....1-5, and 1-4 gr.
Morphine, Acetate....1-8 and 1-4 gr.
*Morphine, Sulphate, 1-16, 1-10, 1-8, 1-6, 1-4 gr.
Morphine Valerianate....1-8 gr.
Neuralgia (Brown-Sequard)
{ Ext., Hyoscyami, 2-3 gr.
" Conii, 2-3 gr.
" Ignatii Amarae, 1-2 gr.
" Opii, 1-2 gr.
" Aconiti, 1-3 gr.
" Cannab. Indicæ, 1-4 gr.
" Stramonii, 1-5 gr.
" Belladonnæ, 1-6 gr. }
Neuralgia (Dr. Gross')
{ Quiniæ, Sulphas, 2 grs.
Morphiæ, Sulphas, 1-20 gr.
Strychnia, 1-30 gr.
Acid Arsenlosum, 1-20 gr.
Ext., Aconiti, 1-2 gr. }
Neuralgia, (Dr. Gross',) as above, without Morphine.
Nux Vomica Extract....1-2 gr.
Opium, U. S....1 gr.
*Opium Extract....1-4, 1-2 and 1 gr.
Opium and Acetate of Lead....2 grs.
{ Opii, Pulv., 1 gr.
Plumbi, Acet., 1 gr. }
Opium and Camphor
{ Opium, 1 gr.
Camphora, 2 grs. }
Pepsin....5 grs.
Pepsin and Bismuth....5 grs.
{ Pepsin, 2 grs.
Bismuth, Sub-Nit., 3 grs. }
Pepsin, Bisnuth and Strychnine....5 grs.
{ Pepsin, 2 1-2 grs.
Bisnuth, Sub-Nit., 2 1-2 grs.
Strychnia, 1-60 gr. }
Phosphates Iron, Quinine and Strychnine
{ Ferri, Phosphas., 2 grs.
Quiniæ, Phosphas, 1 gr.
Strychniæ, Phosphas, 1-60 gr. }
Phosphorus....1-100, 1-50, 1-20 and 1-12 gr.
Phosphorus Compound
{ Phosphorus, 1-60 gr.
Ext., Nucis Vomicæ, 1-4 gr. }
Phosphorus Compound
{ Phosphorus, 1-100 gr.
Ext., Nucis Vomicæ, 1-4 gr. }
Phosphorus Compound and Iron
{ Phosphorus, 1-100 gr.
Ferri, Phosphas, 1-2 gr.
Ext., Nucis Vomicæ, 1-8 gr. }
Podophyllin....1-4, 1-2 and 1 gr.
Podophyllin Compound
{ Podophyllin, 1-2 gr.
Ext., Hyoscyami, 1-8 gr.
Ext., Nucis Vomicæ, 1-16 gr. }
Podophyllin and Blue
{ Podophyllin, 1-2 gr.
Pil., Hydrarg., 2 1-2 grs. }
Podophyllin, Capsicum and Belladonna
{ Podophyllin, 1-4 gr.
Ext., Bellad. Alc., 1-8 gr.
Pulv., Capsici, 1-2 gr. }
Podophyllin, Ext., Coloc, and Belladonna
{ Podophyllin, 1-2 gr.
Ext., Coloc. Comp., 2 grs.
" Belladon., 1-4 gr. }

*Quinine, Carbolate....1 gr.
*Quinine, Salicylate....1 gr.
*Quinine, Sulphate & Bi-Sulphate, 1-4 & 1-2 gr.
Quinine, Sulphate and Bi-Sulphate....1 gr.
Quinine, Sulphate and Bi-Sulphate....1½ grs.
Quinine, Sulphate and Bi-Sulphate....2 grs.
Quinine, Sulphate and Bi-Sulphate....3 grs.
Quinine, Sulphate and Bi-Sulphate....4 grs.
Quinine, Sulphate and Bi-Sulphate....5 grs.
*Quinine, Sulpho-Carbolate....1, 2 and 3 grs.
Quinine and Aloes....1 gr.
{ Quiniæ, Sulphas, 3-4 gr.
Pulv., Aloes, Soc., 1-4 gr. }
Quinine, Arsenic and Nux Vomica
{ Quiniæ, Sulphas, 1 gr.
Acid, Arseniosum, 1-60 gr.
Ext., Nucis Vomicæ, 1-4 gr. }
Quinine and Iron
{ Quiniæ Sulphas, 1 gr.
Ferrum Redactum, 1 gr. }
Quinine and Carbonate Iron,
{ Quiniæ, Sulphas, 1 gr.
Ferri, Sub. Carb, 2 grs. }
Quluine, Phosphorus and Nux Vomica
{ Quiniæ, Sulphas, 1 gr.
Phosphorus, 1-60 gr.
Ext., Nucis Vomicæ, 1-40 gr. }
Quinine, Phosphorus and Nux Vomica
{ Quiniæ, Sulphas., 1 gr.
Phosphorus, 1-60 gr.
Ext., Nucis Vomicæ, 1-4 gr. }
Quinine Compound
{ Quiniæ, Sulphas, 1 gr.
Ferrum, Redact., 1 gr.
Acid, Arseniosum, 1-32 gr. }
Quinine Compound and Extract Dandelion
{ Quiniæ, Bi-Sulph., 1 1-4 grs.
Ferri, Sulph., Exsic., 2 grs.
Acid, Arseniosum, 1-24 gr.
Extract, Taraxici, 1 1-4 grs. }
Quinine Compound and Strychnine
{ Quiniæ, Sulphas., 1 gr.
Ferrum, Redactum, 1 gr.
Strychnia, 1-20 gr.
Acid, Arseniosum, 1-20 gr. }
Quinine, Valerianate....1-2 gr.
Rheumatic
{ Ext., Coloc. Comp., 1 1-2 grs.
Ext., Colch. Acet., 1 gr.
Ext., Hyoscyami, 1-3 gr.
Hydr., Chlor., Mite, 1-3 gr. }
Rhubarb, U. S.
Rhubarb Compound, U. S.
Santonin....1 gr.
Santonin and Calomel
{ Santonin, 1 gr.
Calomel, 1 gr.
Chocolate. }
*Sodium, Salicylate....5 grs.
Strychnine....1-60, 1-40 and 1-30 gr.
*Strychnine Compound
{ Strychnia, 1-100 gr.
Phosphorus, 1-100 gr.
Ext. Cannab. Indic., 1-16 gr.
Ginseng, 1 gr.
Ferri, Carb., 1 gr. }
*Sulphur, Iodide....1-25 and 1-10 gr.
*Sumbul, Extract....1 gr.
Syphilitic (Ricord's modified)
{ Hydr. Prot-Iodide, 1-2 gr.
Lactucarium, - 1-2 gr.
Ext., Opii, - - 1-10 gr.
Ext., Cicutæ, - 1½ grs. }
Tonic (Dr. Aiken)
{ Quiniæ, Sulph., 1 gr.
Acid, Arseniosum, 1-50 gr.
Ferrum, Redactum, 2-3 gr.
Strychnia, 1-50 gr. }
Triplex
{ Extract Aloes, 2 grs.
Podophyllin, 1-2 gr.
Pll., Hydrarg., 1-2 gr. }
Triplex (Dr. Francis)
{ Pulv., Aloes, Soc. Pil., Hydrarg.
Pulv., Scammonii. Ol., Tiglii.
Pulv., Myrrhæ. Ol., Carui. }
Valerian Extract....3 grs.
*Zinc, Phosphide....1-6, 1-4 and 1-2 gr.
*Zinc, Phosphide and Ext. Nux Vomica
{ Zinci, Phosphuretum, 1-10 gr.
Ext., Nucis Vomicæ, 1-4 gr. }
Zinc, Valerianate....1 gr.

One of McKesson & Robbins' Pills, placed in the mouth, will be relieved of its coating in less than two minutes.

The coating, not being porous, will protect such preparations as Phosphorus and Iron Compounds better than Sugar.

Quality will always be maintained, all ingredients and preparations, which we use and manufacture, *being carefully tested by a competent analytical chemist, employed by us for that purpose.* The unreliability of many of the granules of Morphia, Strychnia, Corrosive Sublimate, and other important poisonous substances, having been the source of much concern to physicians, and danger to their patients, *we would state that we have, in our laboratory, a system of checking and witnessing the weights of all poisons used, and registering in a book, kept for that purpose, with the names of witness (always a competent person) and operator.* Our machines for division of the substances are *so carefully and correctly constructed, as to insure an exactness*, in even the smallest granules, never before maintained in this class of preparations, and this precision applies as well to the larger pills. We can, therefore, afford assurance to the physician of *correct weight and perfect division.* We call attention to the small size of our gelatine coated granules, less excipient being thereby required.

McKESSON & ROBBINS, New York.

The attention of the medical profession is invited to this instrument as the most perfect ever invented for treating Prolapsus Uteri, or Falling of the Womb. It is an Abdominal and Uterine Supporter combined.

The Abdominal Support is a broad morocco leather belt with elastic straps to buckle around the hips, with concave front, so shaped as to hold up the abdomen.

The Uterine Support is a cup and stem made of very highly polished hard rubber, very light and durable, shaped to fit the mouth of the womb, with openings for the secretions to pass out, and which can be bent to any curve desired, by heating in very hot water.

The cup and stem is suspended to the belt by two soft elastic Rubber Tubes, which are fastened to the front of the belt by simple loops, pass down through the stem of the cup and up to the back of the belt. These soft rubber tubes being elastic adapt themselves to all the varying positions of the body and perform the services of the ligaments of the womb.

The instrument is very comfortable to the patient, can be removed or replaced by her at will, can be worn at all times, will not interfere with nature's necessities, will not corrode, and is lighter than metal. It will answer for all cases of Anteversion, Retroversion, or any Flexion of the Womb, and is used by the leading physicians with never failing success even in the most difficult cases.

Price—to Physicians, $8.00; to Patients, $12.00.

Instruments sent by mail, at our risk, on receipt of price, with 16 cents added for postage; or by express, C. O. D.

Dr. McINTOSH'S NATURAL UTERINE SUPPORTER CO.

296 West Lake Street, Chicago, Ill.

Our valuable pamphlet, "Some Practical Facts about Displacements of the Womb," will be sent you free on application.

A GOLD MEDAL was awarded to Dr. JEROME KIDDER,

At the fair of the American Institute, in the fall of 1875, for

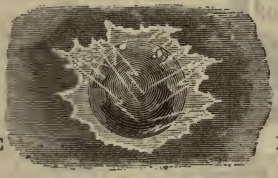
The Best Electro-Magnetic Apparatus

Either here or abroad; and in the fall of 1876,

The Diploma of Maintained Superiority was Awarded.

Also the very highest award was accorded to him for his apparatus at the Centennial Exhibition at Philadelphia.

Fac-simile of Dr. Kidder's Trade Mark, which



accompanies the Genuine Electro-Medical Apparatus.

TRADE MARK.

Dr. KIDDER has unequaled Galvanic Electro-Magnetic and Galvano-Caustic Apparatuses, together with superior Electrodes to use with them.

These Galvano-Caustic Apparatuses sustain their unequaled and remarkable power by a new arrangement secured to Dr. Kidder by letters patent.

CAUTION.—Practitioners should be on their guard in reference to certain fictitious machines where a coil is tapped, and at different points connected with separate metallic parts, and falsely claimed to be like Dr. Kidder's manifold coil apparatus. To know the genuine apparatus from the spurious, address, for Illustrated Catalogue,

Dr. JEROME KIDDER,

Northeast corner of 17th Street, and 4th Avenue, New York.

☞ *TO THE MEDICAL PROFESSION.* ☜

LACTOPEPTINE!

Lactopeptine contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, and is, therefore, the only perfect remedy for Dyspepsia that has ever been procured.

FORMULA OF LACTOPEPTINE.

Sugar of Milk	20 oz.	Ptyalin or Diastase	1 dr.
Pepsin (Pure)	4 "	Lactic Acid	2½ fl. "
Pancreatine (Pure)	3 "	Hydrochloric Acid	2½ fl. "

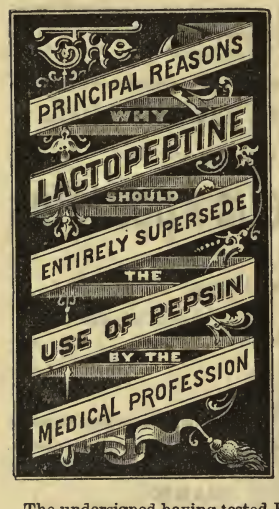
Powder and Mix.

The digestive power of LACTOPEPTINE is invariably tested, so as always to insure perfect uniformity.

LACTOPEPTINE, as well as other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.

One ounce sent by mail, prepaid, on receipt of ..... **$ 1.00**
One pound " " " " " " " **13.00**
A fraction of an ounce or pound sent by mail on receipt of corresponding price.

This preparation has now been in the hands of the Medical Profession for over two years during which time its therapeutic value has been most thoroughly established in casesof *Dyspepsia, Chronic Diarrhœa, Constipation, Vomiting in Pregnancy or Dyspepsia, Head ache, and all diseases arising from imperfect nutrition.*



1st.—It will digest from three to four times more *coagulated albumen* than any preparation of Pepsin in the market.

2d.—It will emulsionize and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.

3d.—It will change the *starchy* portions of vegetable food into the assimilable form of Glucose.

4th.—It contains the natural acids secreted by the stomach (*Lactic and Hydrochloric*), without which Pepsin and Pancreatine will not change the character of coagulated albumen.

5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus 4 grs. of Pepsin and 4 grs. of Pancreatine mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.

6th.—IT IS MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. *An ounce of Lactopeptine is, therefore, fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.*

NEW YORK, April 6, 1875.

The undersigned having tested REED & CARNRICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid, and Hydrochloric Acid, made according to published formula, and called LACTOPEPTINE, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

J. R. Leaming, M. D., Attending Physician at St. Luke's Hospital. Edward G. Janeway, M. D., Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics and Clinical Medicine. Alfred L. Loomis, M. D. Professor of Pathology and Practice of Medicine, University of the City of New York. Samuel R. Percy, M. D., Professor Materia Medica, New York Medical College. Lewis A. Sayre, M. D., Professor of Orthopœdic Surgery and Clinical Surgery, Bellevue Hospital Medical College. J. H. Tyndall, M. D., Physician at St. Francis' Hospital. Joseph E. Winters, M D., House Physician Bellevue Hospital. Geo. F. Bates, M. D., House Surgeon Bellevue Hospital.

TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces of Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg.. agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills, Elixirs, Syrup, Wine and Troches.

LACTOPEPTINE is also combined with the following preparations:

EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil, in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before being taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children.

ELIXIR LACTOPEPTINE.

The above preparation is admirahly adapted in those cases where physicians desire to prescribe Lactopeptine in its most elegant form.

BEEF, IRON AND WINE WITH LACTOPEPTINE.

In those debilitated dyspeptic cases, when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.

A valuable combination in cases of Dyspepsia, attended with nervous debility.

COMP. CATHARTIC ELIXIR.

The only pleasant and reliable Cathartic in liquid form that can be prescribed.

Each fl. oz. contains:

Sulph. Magnsia,... ... 1 dr.	Liquorice, ... 1 dr.
Senna,..... 2 "	Ginger..... 3 grs.
Scammony, ... 6 grs.	Coriander,..... 5 "

With flavoring ingredients.

Dose—Child five years old, 1 to 2 teaspoonfuls; adult, 1 to 2 tablespoonfuls

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our Institution It acts effectively and kindly without irritation or pain. H. M. HARLOW, M D.

We guarantee all goods of our manufacture. In ordering, please designate R. & C.'s manufacture. Send for Price Lists and Dose Books of Fluid Extracts, Sugar Coated Pills, Elixirs, Syrups, Wines, etc.

REED & CARNRICK, Manufacturing Pharmacists,

119–131 **198 Fulton Street, New York.**

A. KUHLMAN.

MANUFACTURER OF AND DEALER IN

SURGICAL, ORTHOPÆDIC,

AND DENTAL INSTRUMENTS,

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DETROIT, - MICHIGAN.

I have now on hand a full assortment of

INSTRUMENTS OF THE FINEST QUALITY.

Having had years of experience in France, Germany and America, I am prepared to make any style of instrument to order.

Express attention paid to the manufacture of

Apparatus for Curvature of Spine, Wry Neck, Anchylosis, Club Feet and Bow Legs, Splints for Dislocations, etc.

Also, dealer in Pessaries, Steam and Bulb Atomizers, Syringes, Elastic Stockings, Trusses, Supporters, Crutches, etc, and

G. TIEMANN & CO.'S SURGICAL INSTRUMENTS,

Which I sell at manufacturer's price.

AGENT FOR BABCOCK'S UTERINE SUPPORTER

All kinds of Surgical Instruments Repaired.

☞ SEND FOR PRICE LIST.

SULPHATE OF CINCHONIDIA.

The present high price of SULPHATE OF QUINIA, which seems likely to continue for two or three months to come, will cause more attention to be paid to the other alkaloids of the Cinchonas—particularly in view of their great comparative cheapness.

We learn from reliable sources that in the year 1866, the Madras Government appointed a Medical Commission to test the respective efficacy in the treatment of fever, of Quinia, Quinidia, Cinchonia and Cinchonidia. From the report, it appears that the number of cases of paroxysmal malarious fevers treated was 2472—namely, 836 with Quinia, 664 with Quinidia, 569 with Cinchonia and 403 with Cinchonidia. Of these 2472 cases, 2445 were cured and 27 failed. The difference in remedial value of the four alkaloids may be thus stated—

QUINIDIA---Ratio of cure per 1000 cases,				994
QUINIA	"	"	"	993
CINCHONIDIA	"	"	"	990
CINCHONIA	"	"	"	977

to which we can add that the article has been tried in this country by upwards of **eighteen thousand physicians**, and that the testimonies we have been daily receiving during the last two years, agree with **remarkable unanimity** in placing this remedy side by side in efficacy with Sulphate of Quinia.

It may be expected that the increasing demand for it will, in the course of time, cause it to approximate more closely in price to Sulphate of Quinia.

The few who might possibly hesitate to use the comparatively new salt of Sulphate of Cinchonidia, have still Sulphate of Quinidia to fall back upon.

POWERS & WEIGHTMAN.

PHILADELPHIA, March, 1877.

E. B. SMITH & CO.'S LIST OF MEDICAL BOOKS.

Any book in this list sent postage free on receipt of the price. From our large stock we have selected the following standard works. We can furnish any book in the market. All new works received as soon as published. We make the profession a **discount of ten per cent on Medical Works, and twenty per cent on Miscellaneous Books.**

Aitkins' Practice. 2 vols., 8vo	Cloth,	$12 00.	Sheep,	$14 00
Anatomical Remembrancer	"	1 00.		
Anstie on Neuralgia				2 50
Attfield's Chemistry	Cloth,	$2 75.	Sheep,	3 25
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Byford's Theory and Practice of Obstetrics			Cloth,	4 50
Beard & Rockwell's Medical and Surgical Uses of Electricity	Cloth,	$6 25.	Sheep,	7 25
Bedford's Principles and Practice of Obstetrics	Cloth,	5 50.	Sheep,	6 50
Beck's Medical Jurisprudence. New edition in preparation				
Bumstead on Venereal Diseases	Cloth,	$5 00.	Sheep,	6 00
Biddle's Materia Medica				4 00
Bryant's Practice of Surgery	Cloth,	$6 25.	Sheep,	7 25
Bilroth's Surgical Pathology				5 00
Bloxam's Chemistry	Cloth,	$4 50.	Sheep,	5 50
Bowman's Medical Chemistry				2 25
" Practical "				2 25
Cazeaux's Treatise on Midwifery	Cloth,	$6 50.	Sheep,	7 50
Cleaveland's Pronouncing Medical Lexicon				1 25
Cohen on Inhalation				2 50
Condie on Diseases of Children	Cloth,	$5 25.	Sheep,	6 25
Dunglison's History of Medicine				2 50
" Medical Dictionary	Cloth,	$6 50.	Sheep,	7 50
DaCosta's Medical Diagnosis	"	6 00.	"	7 00
Dalton's Human Physiology	"	5 50.	"	6 50
Druitt's Modern Surgery	"	4 00.		5 00
Erichsen's Surgery. 2 vols., 8vo	"	9 00.	"	11 00
Flint's Practice of Medicine	"	6 00.	"	7 00
" Human Physiology	"	6 00.	"	7 00
Fowne's Ele. Chemistry	"	2 75.	"	3 25
Flint on Chemical Examination of the Urine	"	1 00.		
Gray's Anatomy	"	6 00.	"	7 00
Griffith's Universal Formulary	"	4 50.	"	5 50
Gross' System of Surgery. 2 vols			"	15 00
Hamilton's Principles of Surgery	"	7 00.	"	8 00
Hammond on Diseases of the Nervous System	"	5 00.	"	6 00
Harley on the Urine and its Derangements	"	2 75.		
Hartshorne's Essentials and Practice of Medicine	"	2 63.		
Headland on the Action of Medicine		3 00.		
Hoblyn's Medical Dictionary	"	1 50.	"	2 00
King's American Dispensatory			"	10 00
Kirke's Hand Book of Physiology				5 00
Kuss' New Manual of Physiology	"	2 50.	"	3 25
Loomis' Physical Diagnosis				3 00
Leishman's System of Midwifery	"	5 00.	"	6 00
Loomis' Diseases of Respiratory Organs, Heart and Kidneys	"	5 50.	"	6 50
Murchison on Derangements of the Liver		1 75.		
Neil & Smith's Compend of Medicine	"	4 00.	"	4 75
Neligan on Skin Diseases. New edition in preparation				
Parrish's Pharmacy	"	5 50.	"	6 50
Pavy on Food and Dietetics		4 75.		
Pirrie on Hay Fever		1 25.		
Paget's Surgical Pathology	"	7 50.		
Roberts on Urinary and Renal Diseases		4 50.		
" Practice. New edition in preparation				
Roosa on Diseases of the Ear	"	5 00.	"	6 00
Salter's Dental Pathology and Surgery	"	4 50.		
Smith on Diseases of Children	"	5 00.	"	6 00
Stellwag on Diseases of the Eye	"	7 00.	"	8 00
Stille's Therapeutics and Materia Medica. 2 vols	"	10 00.	"	12 00
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Thomas' Pronouncing Medical Dictionary	"	3 25.	"	3 75
Tanner's Practice of Medicine. 2 vols				15 75
Thomas on the Diseases of Women	"	5 00.	"	6 00
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Taylor's Treatise on Poisons	"	5 50.	"	6 50
Trousseau's Clinical Medicine. 2 vols			"	12 00
Taylor's Principles of Medical Jurisprudence. 2 vols			"	12 00
United States Pharmacopœa	"	1 75.		
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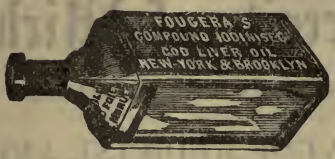
COMPOUND 

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